

TSD File Inventory Index

Date: September 8, 2008

Initial: CMG/encas

Facility Name: <u>Litho-Graphia Metal Corporation (the Teller Site)</u>			
Facility Identification Number: <u>ILD 042 843 854</u>			
A.1 General Correspondence		B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status		.1 Correspondence	
.1 Correspondence	✓	.2 All Other Permitting Documents (Not Part of the ARA)	
.2 Notification and Acknowledgment	✓	C.1 Compliance - (Inspection Reports)	
.3 Part A Application and Amendments	✓	C.2 Compliance/Enforcement	
.4 Financial Insurance (Sudden, Non Sudden)	✓	.1 Land Disposal Restriction Notifications	
.5 Change Under Interim Status Requests		.2 Import/Export Notifications	
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents	
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	✓
.1 Correspondence		.1 RFA Correspondence	
.2 Reports		.2 Background Reports, Supporting Docs and Studies	
A.4 Closure/Post Closure	✓	.3 State Prelim. Investigation Memos	
.1 Correspondence	✓	.4 RFA Reports	✓
.2 Closure/Post Closure Plans, Certificates, etc	✓	D. 2 Corrective Action/Facility Investigation	
A.5 Ambient Air Monitoring		.1 RFI Correspondence	
.1 Correspondence		.2 RFI Workplan	
.2 Reports		.3 RFI Program Reports and Oversight	
B.1 Administrative Record		.4 RFI Draft /Final Report	
		5. RFI QAPP	

Total: 1

.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		D.5 Corrective Action/Enforcement	
.8 RFI Progress Reports		.1 Administrative Record 3008(h) Order	
.9 Interim Measures Correspondence		.2 Other Non-AR Documents	
.10 Interim Measures Workplan and Reports		D.6 Environmental Indicator Determinations	
D.3 Corrective Action/Remediation Study		.1 Forms/Checklists	
.1 CMS Correspondence		E. Boilers and Industrial Furnaces (BIF)	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report		F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
.5 Stabilization		G.1 Risk Assessment	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
D.4 Corrective Action Remediation Implementation		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI QAPP Correspondence		.9 Environmental Justice	
7			

Note: Transmittal Letter to Be Included with Reports.

Comments: One full set of data

**A.2 Part A/
Interim Status**



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

AUG 30 1982
Howard Molt, Plant Manager
Textron Inc., Townsend Division
6600 South Oak Park Ave
Bedford Park, Illinois 60638

RE: Interim Status Acknowledgement
FACILITY NAME: Textron Inc., Townsend Division

USEPA ID No. IL D042843854

Dear Mr. Molt:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for interim status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for interim status. Our opinion will be reevaluated on the basis of this information.

The State of Illinois has received Phase I interim authorization under Section 3006 of RCRA. Because of this authorization you are required to comply with standards prescribed in 35 Illinois Administrative Code, Subtitle G, Chapter I, Subchapter c, Part 725, in lieu of the standards in 40 CFR 265. In addition, you are reminded that operating under interim status does not relieve you of the need to comply with other applicable Federal, State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from the Part A permit application that was sent to USEPA. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR 122.23 and as State regulations allow.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR 122.23; your facility may operate under interim status until such time as an RCRA permit is issued or denied. This will be preceded by a request from this office or the Illinois Environmental Protection Agency for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

If you have questions concerning the Illinois hazardous waste regulations, please contact Mr. Robert Kuykendall at the Illinois EPA, 2200 Churchill Road, Springfield, Illinois 62706. His phone number is (217) 782-6760.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: M. M. Wilson, VP - Admn.

OK
R. Stone
8/27-82



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD042843854

REACKNOWLEDGEMENT

INSTALLATION ADDRESS

TEXTRON INC
6600 S OAK PARK
CHICAGO

IL 60638

6600 S OAK PARK
CHICAGO

IL 60638

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

ILD042843854

NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

TEXTRON INC
6600 S OAK PARK
CHICAGO, IL 60638

III. LOCATION OF INSTALLATION

6600 S OAK PARK
CHICAGO, IL 60638

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000327 AUG 20 80

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

ILD0428438542 1 800818

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN

ST.

ZIP CODE

4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 WATERS, WILLIAM PLANT ENGINEER 312-735-1134

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TEXTRON INC.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

140042843854

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 18 1980

FOR OFFICIAL USE ONLY									
S	1	2	3	4	5	6	7	8	9
W	1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 2 9	P 0 3 0	P 0 7 4	P 0 9 8	P 0 9 9	P 1 0 4
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P 1 0 6	P 1 2 1	P 1 2 2	U 2 0 2	U 2 2 8	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE (D001)

☐ 2. CORROSIVE (D002)

☒ 3. REACTIVE (D003)

☒ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Howard O. Molt</i>	NAME & OFFICIAL TITLE (type or print) HOWARD O. MOLT, PLANT MANAGER	DATE SIGNED 8/13/80
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ILD 042 843 854

TOWNSEND TEXTRON

Townsend Fastening Systems
Townsend Division of Textron Inc.

530 West Street
Braintree, MA 02184
617/848-3500

February 24, 1986

Mr. David A. Stringham
Chief, Solid Waste Branch
RCRA Activities
Region V
P. O. Box A3587
Attention: ATKJG
Chicago, Illinois 60690

Dear Mr. Stringham:

I am in receipt of your "request for permit", mailed to us from your office, January of 1986.

This operation is actually closed, and my operation, here in Braintree, Massachusetts, as a survivor and recipient of some of the products from that operation, receive all mail sent to that now closed plant in Chicago, Illinois.

After reviewing your request, I called Tom Golz of your office on Friday, February 14th, and he requested that I send you copies of data that constitute all the engineering information left from that operation. He said he would follow that up with a personal conversation with you.

I ask you for your help in closing the files on this facility that is closed and not our property presently.

Thank you for your assistance.



Dale M. Barnard
General Manager

Enc.

cc: Tom Golz
Mac Wilson

TOWNSEND TEXTRON

Townsend Fastening Systems
Townsend Division of Textron Inc.

530 West Street
Braintree, MA 02184
617/848-3500

October 16, 1985

U.S. Department of Environmental Protection
Mr. Thomas B. Golz 5 HE-12
230 South Dearborn Street
Chicago, IL 60604

Dear Mr. Golz:

At your request, and as a result of our phone conversation on October 15, 1985, please find copies of all the files available which have hazardous waste manifests attached for the years 1983, 1984 and 1985 for the closed down plant at 6600 South Park Avenue in Chicago, Illinois.

In reviewing the manifests of both trichlorethylene waste and plating sludge, it seems to indicate activity of hauling these wastes in less than the 90 days limit associated with a hazardous waste storage facility.


With this in mind, I ask for your review to see if there is any way we can receive variances, allowing a closing of the files on this non-operating plant, and assume, because of these activities, they were a small quantity generator and did not need to be considered a storage facility. The plating and cleaning line was actually closed in May and June of 1984 and the rest of the operation closed down by February of 1985.

Please note, that with the 1985 information, I have attached a copy of a pre-enforcement conference letter, dated September 20, 1985. The Illinois Environmental Agency has requested that we attend this conference on November 8, 1985 in Springfield, Illinois.

When I called Andy Vollmer and asked for his help, he gave me your name as a representative of the U.S.E.P.A., who would have to approve any variances from regulations. I ask your assistance in corresponding with Andy Vollmer, to resolve the problems that have arisen due to the closing of this plant.

Specifically, we are requesting that the application for a storage permit submitted back on November 19, 1980, be considered as not needed. I also would ask for a delay of that November 8th conference if more time is needed by you to evaluate.

Thank you for your assistance.


Dale M. Barnard
General Manager

Enclosures

cc: Andy Vollmer



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

5HS-JCK-13

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

U.S. EPA ID #: 1LD042843854

TEXTRON INC TOWNSEND DIV
6600 SOUTH OAK PARK AVENUE
BEDFORD PARK IL 60638

RE: Hazardous Waste Permit Application

Dear Permit Applicant:

As you know, you have previously submitted Part A of the Resource Conservation and Recovery Act (RCRA) permit application for the above-referenced facility. Timely submission of "the Part A" has allowed most hazardous waste management facilities to continue to operate under RCRA "interim status" (or the State program equivalent), while complying with applicable technical and record-keeping standards.

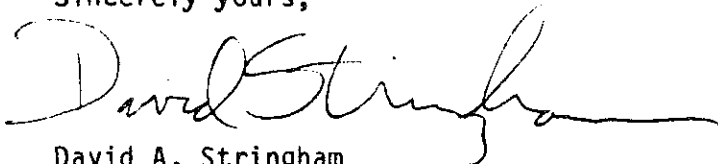
On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the 1984 Amendments) were enacted to modify RCRA. Under the 1984 Amendments, all RCRA permits issued after the date of enactment must provide for corrective action for all releases of hazardous waste or hazardous waste constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. In addition, all interim status facilities are subject to corrective action requirements, regardless of whether they have 1) submitted a Part B application, 2) submitted a closure plan, 3) reverted to generator status only, 4) actually closed, or 5) none of these. Unless our Agency has formally terminated the facility's interim status, the corrective action requirements apply. Please note that both hazardous and non-hazardous waste can meet the definition of solid waste under 40 CFR 261.2 (or the State regulation equivalent).

We must determine whether releases of hazardous waste or hazardous waste constituents have ever occurred at the facility site. If they have, we must ensure that corrective actions either have been taken or will be taken to eliminate threats to public health or the environment. An important element in our decision process is the information that you provide on the enclosed certification statement. Please read it carefully and either sign it and return it, or return it unsigned with a cover letter of explanation, within 45 days of the date of this letter. At some point in time, public input will be sought to either confirm or deny information you provide, or information we gather on our own, concerning releases and corrective actions.

Please mail your response to the following:

RCRA Activities
Region V
P. O. Box A3587
Attention: ATKJG
Chicago, Illinois 60690

Sincerely yours,

A handwritten signature in cursive script, reading "David Stringham". The signature is written in dark ink and is positioned above the typed name and title.

David A. Stringham
Chief, Solid Waste Branch

Enclosure

ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

GENERAL

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

ILD042843854

TEXTRON INC
6600 S OAK PARK
CHICAGO, IL 60638

6600 S OAK PARK
CHICAGO, IL 60638

I. EPA I.D. NUMBER

ILD042843854

II. GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP TOWNSEND DIVISION TEXTRON INC

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	HOWARD MOLT PLANT MANAGER	312	735 1134

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	6600 SOUTH OAK PARK AVE	4	BEDFORD PARK	IL	60638

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	6600 south oak park ave	6	COOK	6	BEDFORD PARK	IL	60638	031

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	3	4	5	2	(specify)	TUBULAR AND SOLID RIVETS	7				(specify)								
C. THIRD										D. FOURTH									
7					(specify)		7				(specify)								

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?	
TOWNSEND DIVISION TEXTRON INC																									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)														
F = FEDERAL					M = PUBLIC (other than federal or state)					P (specify)					3 1 2					7 3 5					1 1 3 4				
S = STATE					O = OTHER (specify)																								
P = PRIVATE																													

E. STREET OR P.O. BOX																								
6600 SOUTH OAK PARK AVE																								

F. CITY OR TOWN															G. STATE			H. ZIP CODE			IX. INDIAN LAND	
BEDFORD PARK															IL			60638			Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
U															801794 (specify) ILLINOIS EPA HB 453														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
R															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

Fq: B/56

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURER OF TUBULAR AND SOLID RIVETS, AND OTHER SPECIALTY COLD FORMED PRODUCTS.

Fq: A/SI

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
HOWARD O. MOLT PLANT MANAGER															Howard O. Molt															11-19-80									
M. M. Wilson VP-Administration																														9-15-81									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																								

687

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			F I L D 0 4 2 8 4 3 8 5 4 3 1														

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)			
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)			
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN			
YR.	MO.	DAY	YR.	MO.	DAY
8	64	09			

B. REVISED APPLICATION (place an "X" below and complete item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
---	--

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D079	GALLONS OR LITERS			
LANDFILL	D080	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D081	ACRES OR HECTARES			
OCEAN DISPOSAL	D082	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D083	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	G	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S															T/A C														
C															3 1														
1 2															13 14 15														
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY																			
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)					1. AMOUNT	2. UNIT OF MEASURE (enter code)																				
X-1	S 0 2	600	G			5																							
X-2	T 0 3	20	E			6																							
1	S 0 2	6,000 000	G			7																							
3						9																							
4						10																							

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04" /). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 15B-S80004

687

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L D 0 4 2 8 4 3 8 5 4 3 1													W DUP 3 2 DUP												
DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES												
LINE NO.	A. EPA HAZARD. WASTE NO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
	23	24	25	26			27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42			
1	F	0	0	1	48,000 000	P	S	0	2												SOLVENT RECOVERED; OIL REPROCESSED				
2	F	0	0	6	5,000 000	P	S	0	2	0	8	0													
3	F	0	0	7	5,000 000	P	S	0	2	0	8	0													
4	F	0	0	8	5,000 000	P	S	0	2	0	8	0													
5	F	0	0	9	5,000 000	P	S	0	2	0	8	0													
6																									
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26																									

IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	I	L	D	0	4	2	8	4	3	8	5	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: N/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	1	4	6	2	2	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	8	7	4	9	1	9	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

E TEXTRON

2. PHONE NO. (area code & no.)

4	0	1	4	2	1	2	8	0	0
55	56	57	58	59	60	61	62	63	64

3. STREET OR P.O. BOX

F P.O. BOX 878

4. CITY OR TOWN

G PROVIDENCE

5. ST.

R I

6. ZIP CODE

0	2	9	0	1
45	46	47	48	49

IX. OWNER CERTIFICATION

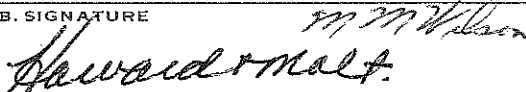
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) M. M. Wilson

FOR TEXTRON, INC.

HOWARD O. MOLT

B. SIGNATURE



C. DATE SIGNED

9-15-81

11-19-80

X. OPERATOR CERTIFICATION

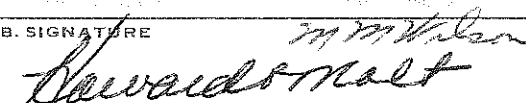
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

M. M. Wilson

HOWARD O. MOLT

B. SIGNATURE



C. DATE SIGNED

9-15-81

11-19-80

INTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
3	4	5	2	(specify)	TUBULAR AND SOLID RIVETS	(specify)	
C. THIRD				D. FOURTH			
(specify)				(specify)			

II. OPERATOR INFORMATION

A. NAME						B. Is the name listed in Item VIII-A also the owner?	
TOWNSEND DIVISION TEXTRON INC						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)						D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than federal or state) O - OTHER (specify)						3 1 2 7 3 5 1 1 3 4	
E. STREET OR P.O. BOX							
6 0 0 SOUTH OAK PARK AVE							
F. CITY OR TOWN				G. STATE	H. ZIP CODE	IX. INDIAN LAND	
BEDFORD PARK				IL	6 0 6 3 8	Is the facility located on Indian lands?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
N				D			
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
U				8 0 1 7 9 4			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
R				(specify)			

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

MANUFACTURER OF TUBULAR AND SOLID RIVETS, AND OTHER SPECIALTY COLD FORMED PRODUCTS.

Fq: A
S1

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
HOWARD O. MOLT PLANT MANAGER		Howard O. Molt		11-19-80	

COMMENTS FOR OFFICIAL USE ONLY

--	--

FOR OFFICIAL USE ONLY									
APPLICATION APPROVED			DATE RECEIVED (yr. mo. & day)				COMMENTS		
	23		24	-		29			

Place an "X" in the appropriate box in A or B below (*mark one box only*) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility.
Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES,
PROVIDE THE DATE
(yr., mo., & day) OPERATION
BEGAN OR IS
EXPECTED TO BEGIN

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	64	09	01	

YR.		MO.		DAY	
73	74	75	76	77	78

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS			PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS			PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:					Treatment:				
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS			TANK	T01	GALLONS PER DAY OR LITERS PER DAY		
TANK	S02	GALLONS OR LITERS							
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS			SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY		
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR		
Disposal:									
INJECTION WELL	D79	GALLONS OR LITERS			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY		
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER							
LAND APPLICATION	D81	ACRES OR HECTARES							
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY							
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS							
			UNIT OF MEASURE					UNIT OF MEASURE	
UNIT OF MEASURE			CODE	UNIT OF MEASURE	CODE	UNIT OF MEASURE			CODE
GALLONS			G	LITERS PER DAY	V	ACRE-FEET			A
LITERS			L	TONS PER HOUR	D	HECTARE-METER			F
CUBIC YARDS			Y	METRIC TONS PER HOUR	W	ACRES			B
CUBIC METERS			C	GALLONS PER HOUR	E	HECTARES			Q
GALLONS PER DAY			U	LITERS PER HOUR	H				

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A C									
C		3 1									
1 2		13 14 15									
1		2									
LINE NUMBER		B. PROCESS DESIGN CAPACITY									
A. PROCESS CODE (from list above)		1. AMOUNT (specify)				2. UNIT OF MEASURE (enter code)		FOR OFFICIAL USE ONLY		LINE NUMBER	
16 - 18 19		27				28		29 - 32		5	
X-1 S 0 2		600				G				5	
K-2 T 0 3		20				E				6	
1 S 0 2		6,000 000				G				7	
										8	
3										9	
4										10	
16 - 18 19		27				28		29 - 32		16 - 18 19	
27		28		29 - 32		27		28		29 - 32	

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "T"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)			D. PROCESSES							
									1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
X-1	K	0	5	4	900		P		T	0	3	D	8	0		
X-2	D	0	0	2	400		P		T	0	3	D	8	0		
X-3	D	0	0	1	100		P		T	0	3	D	8	0		
X-4	D	0	0	2												included with above

Continued from page 2.

NOTE: Copy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

687

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
<div> <div>W I L D 0 4 2 8 4 3 8 5 4</div> <div>T/A C</div> <div>3 1</div> </div>															<div> <div>W</div> <div>DUP</div> <div>T/A C</div> <div>3 2</div> <div>DUP</div> </div>									
DESCRIPTION OF HAZARDOUS WASTES (continued)															D. PROCESSES									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
	23	24	25	26			27	28	29	30	31	32	33	34										
1	F	0	0	1	48,000,000	P	S	0	2							SOLVENT RECOVERED; OIL REPROCESSED								
2	F	0	0	6	5,000,000	P	S	0	2	0	8	0												
3	F	0	0	7	5,000,000	P	S	0	2	0	8	0												
4	F	0	0	8	5,000,000	P	S	0	2	0	8	0												
5	F	0	0	9	5,000,000	P	S	0	2	0	8	0												
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	12
I	L	D	0	4	2	8	4	3	8	5	4
										T/A	C
										3	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6: 4/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6: 5/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	1	4	6	2	2	0				0	8	7	4	9	1	9	0		
65	66	67	68	69	70	71				72	73	74	75	76	77	78	79		

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
TEXTRON										4 0 1 - 4 2 1 - 2 8 0 0									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
P.O. BOX 878										PROVIDENCE									
5. ST.										6. ZIP CODE									
R I										0 2 9 0 1									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

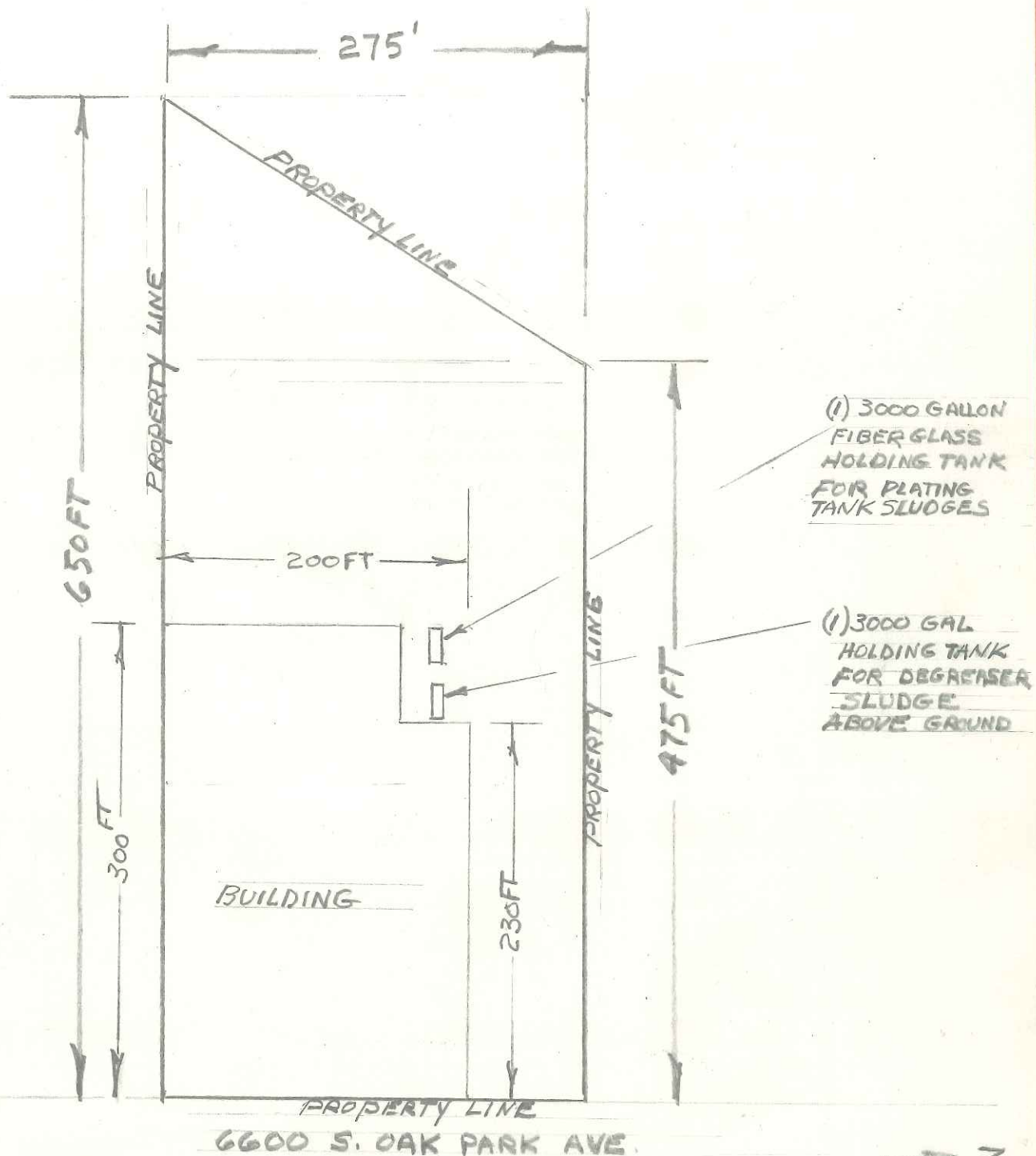
A. NAME (print or type) FOR TETRON, INC., HOWARD O. MOLT	B. SIGNATURE <i>Howard O. Molt</i>	C. DATE SIGNED 11-19-80
--	---------------------------------------	----------------------------

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) HOWARD O. MOLT	B. SIGNATURE <i>Howard O. Molt</i>	C. DATE SIGNED 11-19-80
---	---------------------------------------	----------------------------

V. FACILITY DRAWING (see page 4)



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1982.

GENERAL INSTRUCTIONS

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.
The information requested in this report is required by Federal and State law.

Please print/type with elite type (12 characters per inch)

I. GENERATOR'S USEPA I.D. NUMBER

ILD042043854

IA. GENERATOR'S ILLINOIS I.D. NUMBER

0316000561G

II. NAME OF INSTALLATION

TOWNSEND/TEXTRON

III. INSTALLATION MAILING ADDRESS

6600 S. OAK PARK AVENUE

Street or P.O. Box

BEDFORD PARK,

ILLINOIS

60638

City or Town

State Zip Code

IV. LOCATION OF INSTALLATION (if different than section III above)

Street or Route number

City or Town

State Zip Code

V. INSTALLATION CONTACT

WATERS, WILLIAM

Name (last and first)

312/735-1134

Phone No. (area code & no.)

This Agency is authorized to require this information under Illinois Revised Statutes, 1981, Chapter III-1 2. Sections 1004 and 1021 (b)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

William Waters Plant Engineer

Print/Type Name

Title

William Waters
Signature of Authorized Representative

2/24/83

Date Signed

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

This report is for the calendar year ending December 31, 1982

FOR AGENCY USE ONLY		
FOR AGENCY USE <u>LPHWC</u>	CARD TYPE <u>50</u>	TRANS CODE <u>A</u> DATE ENTERED <u> </u> / <u> </u> / <u> </u>

VII GENERATOR'S USEPA I.D. NO. 11800 VIII GENERATOR'S ILLINOIS EPA I.D. NO. 03160005616 IX FACILITY'S USEPA I.D. NO. 11800

X FACILITY'S ILLINOIS EPA I.D. NO. 031600051 XI FACILITY'S NAME ADDRESS

Phone: 312-646-6202

Name CHEM-CLEAR

XII. WASTE IDENTIFICATION

11800 S. Stoney Island Chicago, IL 60617

Street (P.O. Box) City State Zip

A. LINE NO.	B. DESCRIPTION OF WASTE	C. UNITS	D. RCRA HAZARDOUS WASTE NO. (see instructions)	E. AMOUNT OF WASTE (gallons only)	F. DENSITY (lbs. / gal.)
01001	Plating Wastes Liquid	18	D101016 F101016	3000	8.4
01002			F101019 F101018		
01003					
01004					
01005					
01006					
01007					
01008					
01009					
01010					

This report is for the calendar year ending December 31, 1982.

This report is for the calendar year ending December 31, 1982.

XII. WASTE IDENTIFICATION

VIII PAGE AIRMAILED
003

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

This report is for the calendar year ending December 31, 1982

FOR AGENCY USE ONLY

FOR AGENCY USE L P H W C CARD TYPE 6 0 TRANS CODE A DATE ENTERED / /

VII GENERATOR'S USEPA I.D. NO

VIII. GENERATOR'S ILLINOIS EPA I.D. NO.

I L D 0 4 2 0 4 3 8 5 4

0 3 1 6 0 0 0 5 6 1 6

XI. GENERATOR'S NAME / ADDRESS

Name TOWNSEND/TEXTRON

Phone: 312. 735-1134

6600 S. OAK PARK AVENUE

BEDFORD PARK, IL.

60638

Street (P.O. Box)

City

State

Zip

XIV. LIST OF TRANSPORTATION SERVICES (HAULERS) USED:

[illegible]

PAGE NUMBER

804

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT (cont.)

This report is for the calendar year ending December 31 1982.

XIII. COMMENTS

With reference to the Degreaser Still Sludge shown on page 003 of this report. Our last sample of this oil waste, taken on 11/22/82, contained 95.3% oil and non volatile residue and 4.7% Vol. % recoverable solvent (analysis copy attached). We have notified Refinery Products of this, and they are applying for a Permit Change from Non Hazardous to Hazardous. A copy of their present Permit is attached.

William E. Waters
William E. Waters



DETREX CHEMICAL INDUSTRIES, INC.

P.O. BOX 501, DETROIT, MICHIGAN 48232

TWX 810-243-4064
TWX 810-243-4065

AREA CODE 313
868-8600

DATE: December 8, 1982

SUBJECT: TOWNSEND/TEXTRON
BEDFORD PARK, IL
Trichloroethylene

The sample taken from the still on 11/22/82 contains 95.3 wt.% oil and non-volatile residue. The recoverable solvent constituted approximately 4.7 vol.% recoverable solvent.



Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

217-782-6760

JANUARY 09, 1982

APPLICATION RECEIVED: 12/28/81

PERMIT NUMBER 993019-03120502

PERMIT ISSUED TO: JOHN VAN HOESEN

4256 WESLEY TERR.

SHILLER PARK, IL 60176

WASTE STREAM NUMBER 993019

PERMIT EXPIRES: 12/15/84

REFINERY PRODUCTS - 678-1277

4256 WESLEY TERR.

SHILLER PARK, IL 60176

WASTE NAME: LUBRICATING OILS

WASTE CLASSIFICATION: NON-HAZARDOUS, NOT SUBJECT TO FEE

PERMIT TO RECEIVE THE INDICATED WASTE IS GRANTED.

THIS PERMIT IS GRANTED SUBJECT TO THE ATTACHED STANDARD CONDITIONS.

DISPOSAL SITE: SHILLER PK/REF PROD

TEPA SITE NO.: 03128502

ANNUAL VOLUME AUTHORIZED:

4,000 GALLONS

DISPOSITION OF WASTE:

STORAGE

ATTENTION: RAY BEZNA

WASTE GENERATOR: TOWNSEND TEXTILE CO.

6000 S. MARY PARK AVE

CHICAGO, IL 60638

TEPA GENERATOR NO.: 03160005616

RKC:DMF

CC:TOWNSEND TEXTILE CO.

REGION: 1

Rama K. Chaturvedi

RAMA K. CHATURVEDI, P.E.

MANAGER SPECIAL WASTE UNIT

RESIDUAL MANAGEMENT SECTION

DIVISION OF LAND/AIR POLLUTION CONTROL

JAN 15 1982

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0796898

Authorization Number

993019

Townsend Textile Co. 6600 S. Oak St. 312 735 1134 0316000561
(Company Name) Address Phone Number Generator NumberChicago
CityIL
State60638
Zip

EPA Number

WASTE HAULER(S)

North Branch
waste oil
Hauler Name4256 Weeley
Hauler Address312 486 1818
Phone Number

S W H Registration Number

25

EPA Number

S W H Registration Number

32

EPA Number

Refined Products Co.
Schiller Park
(Facility Name)
City4256 Weeley
AddressIll
State60126
Zip312 678 8262
Phone Number03128502
Site Number

EPA Number

Alternate (Facility Name)

Address

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME

Lubricating Oil

WASTE PHASE

Liquid

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION:

HAZARD CLASS:

UN or NA Number

EPA HW Number

WEIGHT FOR
DOT USE

LBS

TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED

001400

1 GALLONS (Circle One)

2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS

Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

X Raymond B. Bueh
(Authorized Signature)

DATE 6/2/83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED:X Jim M. Givens
(Authorized Signature)

DATE 06/02/83

(2) _____
(Authorized Signature)

DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

John W. Bueh
(Authorized Signature)

DATE 06/02/83

REMARKS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2672

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679205

Authorization Number: 922062

JUL 15 1983

WASTE GENERATOR: WASIND/TEXTRON (Company Name) 6640 S. Oak Park Address 3127351124 Phone Number 0316000561 Generator Number ILD042843854 EPA Number
Chicago City ILL. State 60638 Zip

WASTE HAULER(S)

HAULER 1: BROWNING-FERRIS (Hauler Name) 5050 W. LAKE ST. MELROSE PK. (Hauler Address) 3123457050 (Phone Number) 0107037 (S.W.H. Registration Number) IL2097177505 (EPA Number)

Hauler Name

Hauler Address

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

HAULER 2: CHILL-CLAMP (Facility Name) 11800 E. STONEY RD. Address 03160051 Site Number
Chicago City ILL. State 60617 Zip 3126466202 Phone Number IL7000608421 EPA Number

Alternate (Facility Name)

Address

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: PLATING WASTE

WASTE PHASE: Liquid
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

105

POISON B

NA1588
UN or NA Number

2006-1006
EPA HW Number

WEIGHT FOR DOT USE: LBS
 TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 005000 1 GALLONS (Circle One)
 CU. YDS. GAL.

METHOD OF SHIPMENT (Circle One)

(DRUMS)
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond D. Dwyer
(Authorized Signature)

DATE: 7-13-83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED.

(1) Rich Luft
(Authorized Signature)

DATE: 07/13/83

(2)
(Authorized Signature)

DATE:

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

C. Valocchi
(Authorized Signature)

DATE: 07/13/83

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

REV #4 GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

MAR 9 1983

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679206

Authorization Number: 932062

Townsend/Textron 66W S. Oak Park 3127351134 031600561
(Company Name) Address Phone Number
Chicago Ill. 60638 16042843854
City State Zip EPA Number
WASTE HAULER(S)

Browning-Ferris 5050 W. Lake St. Melrose Park, Ill. S.W.H. Registration Number: 0107037
Hauler Name Hauler Address Phone Number EPA Number
2123457050 16097177505
Hauler Name Hauler Address Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE
Chem-Clear 1800 S. Stony I 03160051
(Facility Name) Address Site Number
Chicago Ill. 60617 165000608471
City State Zip Phone Number EPA Number
Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR
WASTE NAME PLATING WASTE WASTE PHASE: Liquid
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:
SHIPPING DESCRIPTION: NOS HAZARD CLASS: POISON B UN or NA Number: 111388 EPA HW Number: 0006-F006
WEIGHT FOR D.O.T. USE: LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 003000.00 1 BALLONS (Circle One) 2 CU. YDS. 1
METHOD OF SHIPMENT (Circle One) (DRUMS Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION
Raymond B. [Signature] DATE: 3-2-83
(Authorized Signature)

WASTE HAULER
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:
(1) [Signature] (Authorized Signature)
(2) [Signature] (Authorized Signature)

DISPOSAL, STORAGE, OR TREATMENT FACILITY*
HAZARDOUS WASTE SUBJECT TO FEE YES NO
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:
[Signature] DATE: 03/03/83
(Authorized Signature)

MENTS OR SPECIAL INSTRUCTIONS:

**TO BE COMPLETED BY
WASTE GENERATOR**

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679207
1 7

Authorization Number **922062**
8 13

TOWNSEND/TEXTROL **6600 S Oak Park** **3127351134** **0316000561**
(Company Name) Address Phone Number 14 Generator Number 24
Chicago **ILL** **60638** **ILLD042843854**
City State Zip EPA Number
WASTE HAULER(S)

BROWN/C-FERRIS **5050 W. Lake St. Melrose R 3L** S.W.H. Registration Number **0107036**
Hauler Name Hauler Address 25 31
3129457050 **ILLD097177805**
Phone Number EPA Number

Hauler Name

Hauler Address

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

CHEM-CLEAR **11800 S Stony I.** **03160051**
(Facility Name) Address 39 Site Number 46
Chicago **ILL** **60617** **ILLT000608421**
City State Zip Phone Number EPA Number

Alternate (Facility Name)

Address

City

State

Zip

Phone Number

EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME

WASTE PHASE

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS

NO5

POISON B

NA1588
UN or NA Number

2006-F006
EPA HW Number

WEIGHT FOR
D O T USE

LBS
TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: **002500**
47 52 1 GALLONS (circle One) 2 CU. YDS. 53

METHOD OF SHIPMENT (Circle One)

(DRUMS Number)

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

(Authorized Signature)

DATE: **6-8-83**

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED:

(1) **Michael G. Hester**
(Authorized Signature)

DATE: **06/08/83**
54 59

(2) _____
(Authorized Signature)

DATE: _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO **C**

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Cl. Lincourt
(Authorized Signature)

DATE: **06/08/83**
60 65

AGENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2671

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706

(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0679208

Authorization Number 922062

SEP 6 1983

TOWNSEND/TETRA 6600 S. Oak Park Ave 112 7351 134 0316000561
(Company Name) Address Phone Number Generator Number
Chicago ILL 60638 3LD042843854
City State Zip EPA Number

WASTE HAULER(S)

BROWNING-FERRIS 5050 W. Lake St. Melrose Park 0107037
Hauler Name Hauler Address S.W.H. Registration Number
3123457050 3LD097177505
Phone Number EPA Number

S.W.H. Registration Number 37 38

Hauler Name

Hauler Address

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Chem-Clare 11800 S. Stony I. 03160051
(Facility Name) Address Site Number
Chicago ILL 60617 3126466203 3LT000608421
City State Zip Phone Number EPA Number

Alternate (Facility Name)

Address

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME

PLATING WASTE

WASTE PHASE

Liquid
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION

HAZARD CLASS

NO5

POISON B

NA1588
UN or NA Number

D006-F006
EPA HW Number

WEIGHT FOR
DOT USE

LBS
TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED:

003000 1
1 GALLONS (Circle One)
2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS _____)
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond B. Bazel
(Authorized Signature)

DATE: 9-2-83

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED:

Paul L. Lutz
(1) (Authorized Signature)

(2) (Authorized Signature)

DATE: 09/02/83

DATE: _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO ✓

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

DATE: 09/02/83

W. Swartz
(Authorized Signature)

MENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2671

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679209

Authorization Number 993019

JUNNSEN/TEXTRON 6600 S. OAK PARK 3127351134 0316000561
(Company Name) Address Phone Number Generator Number
CHICAGO ILL. 60632 ILD042843854
City State Zip EPA Number

WASTE HAULER(S)

NORTH BRANCH P.O. BOX 1660 3124861818 ILD093161495
Hauler Name Hauler Address Phone Number EPA Number
S.W.H. Registration Number 0204006

Hauler Name Hauler Address Phone Number EPA Number
S.W.H. Registration Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE
REFINERY PRODS. 4256 W. 151ST 03128502
(Facility Name) Address Site Number
SCHILLER PARK ILL. 60176 3126788262 ILD000665786
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR
WASTE NAME DEGREASER STILL WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION HAZARD CLASS: UN1220 F001-U228
NO. 2 OIL COMBUSTIBLE UN or NA Number EPA HW Number

WEIGHT FOR D.O.T. USE LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000750
1 GALLONS (Circle One)
2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [Signature] DATE: 9-15-83
(Authorized Signature)

WASTE HAULER I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [Signature] (Authorized Signature) DATE: 09/15/83
(2) [Signature] (Authorized Signature) DATE: SEP 21 1983

DISPOSAL, STORAGE, OR TREATMENT FACILITY HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE: John W. [Signature] DATE: 09/15/83
(Authorized Signature)

REMARKS OR SPECIAL INSTRUCTIONS:

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679210

Authorization Number 993019

1. INSER/TEXTRON 6600 S. Oak Park 3127351134 0316000566
(Company Name) Address Phone Number Generator Number
Chicago ILL. 60632 ILD042843854
City State Zip EPA Number

WASTE HAULER(S)

NORTH BRANCH 70. Box 1660 3124861818 ILD093161495
Hauler Name Hauler Address Phone Number EPA Number
S W H Registration Number 0204002
25 31
Hauler Name Hauler Address Phone Number EPA Number
S W H Registration Number 32 38

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

REFINERY PRODS. 4256 WESLEY 03128502
(Facility Name) Address Site Number
SHILLER PARK ILL. 60126 3126788462 ILD000665786
City State Zip Phone Number EPA Number
Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: LUBRICATING OIL WASTE PHASE: LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

CONTAMINABLE NONE UN or NA Number EPA HW Number
WEIGHT FOR DOT USE LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000500 * 1 GALLONS (Circle One) 2 CU YDS.
47 52 53

METHOD OF SHIPMENT (Circle One) (DRUMS Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond B. Bugh DATE: 10/4/83
(Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) [Signature] DATE: 10/04/83
(Authorized Signature) 54 59
(2) _____ DATE: _____
(Authorized Signature)

OCT 6 1983

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[Signature] DATE: 10/04/83
(Authorized Signature) 60 65

COMMENTS OR SPECIAL INSTRUCTIONS:

A.4 Closure/Post-
Closure



Illinois Environmental

217/782-6761

CERTIFIED MAIL # P131919

Refer to: ILD 042843854

Compliance Inquiry Letter

April 16, 1985

Townsend Textron
Attn: Edward F. Marinier
6600 South Oak Park Avenue
Chicago, Illinois 60638

Gentlemen:

As Manager of the Compliance Assurance Unit for the Division of Land Pollution Control, it has come to my attention that your company may be in violation of the Illinois Environmental Protection Act or regulations adopted thereunder. More particularly, your company may not have complied with the 1984 Annual Hazardous Waste Reporting requirement of the State of Illinois for generators and/or treatment, storage, and disposal facilities.

The Illinois Environmental Protection Act states that:

"No person shall conduct any hazardous waste storage, hazardous waste treatment, or hazardous waste disposal operation in violation of any regulations or standards adopted by the Board under this Act. . .". Ill. Rev. Stat. 1983, Ch. 111 1/2, par. 1021(f)(2).

"Conduct any process or engage in any act which produces hazardous waste in violation of any regulations or standards adopted by the Board under subsections (a) and (c) of Section 22.4 of this Act." Ill. Rev. Stat. 1983, Ch. 111 1/2 par. 1021(1)

"No person shall dispose, treat, store, or abandon any waste, or transport any waste into this State for disposal, treatment, storage, or abandonment, except at a site or facility which meets the requirements of this Act and of regulations and standards thereunder. . ." Ill. Rev. Stat. 1983, Ch. 111 1/2, Par. 1021(e).

35 Ill. Adm. Code 722.141 requires a generator who ships his hazardous waste off-site to submit Annual Reports to the Director of this Agency no later than March 1 for the preceding calendar year. 35 Ill. Adm. Code 725.175 requires the owners or operators of hazardous waste treatment, storage, and disposal facilities to prepare and submit an annual report to the Director of this Agency by March 1 of each year; the annual report must cover facility activities during the previous calendar year.

1985

ILD 042 843 854



Page 2

Non-compliance with the annual reporting requirements of 35 Ill. Adm. Codes 722.141 and/or 725.175 could be a violation of Ill. Rev. Stat. 1983, Ch. 111 1/2, pars. 1021(e), (f), or (i). Please note that the maximum civil penalty for such violations is set forth in Ill. Rev. Stat. 1983, Ch. 111 1/2, par. 1042(b)(3), which provides for a civil penalty not to exceed \$25,000 per day of violation. Also, the Environmental Protection Act provides for criminal fines and imprisonment as set forth in Ill. Rev. Stat. 1983, Ch. 111 1/2, Par. 1044.

The Illinois Annual Hazardous Waste Reporting requirements are designed to inventory hazardous waste generated, treated, stored, and disposed in Illinois. Because of the environmental importance of this program, any violation of the Annual Hazardous Waste Reporting system is reviewed with considerable concern. Our records indicate that on or about February 1, 1985 the Agency mailed copies of instruction booklets and blank forms to your company. The deadline for reporting was March 1, 1985 and to date no report has been received from your company.


Within 15 days of the date of this letter please respond to the undersigned in writing explaining the reason for the delay, along with your completed 1984 Annual Hazardous Waste Report(s). Failure to respond will result in your being requested to attend a compliance conference at our Springfield Office.

In addition, please be advised that this letter constitutes the notice required by Section 31(d) of the Illinois Environmental Protection Act prior to the filing of a formal complaint. The cited Section of the Illinois Environmental Protection Act requires the Agency to inform you of the charges which are to be alleged and offer you the opportunity to meet with appropriate officials within thirty days of this notice date in an effort to resolve such conflicts which could lead to the filing of a formal action.

If you have any questions concerning this letter, please contact the undersigned at this Agency's address or telephone number listed above.

Finally, this Agency expects your facility to insure that future violations will not occur.

Sincerely,


Gregory T. Zak, Manager
Compliance Assurance Unit
Compliance Monitoring Section
Division of Land Pollution Control

GTZ:HW:ds:0758E/0759E

Enclosure

cc: Division File
Regional Office
Regional Attorney

*Cathy - 4-23-1 PM
will have Greg call
Gregory - 5-1-85 called
we need to file report
by Book - (will write
letter to them to say
are trying to help)*

Townsend Fastening Systems
Townsend Division of Textron Inc.

530 West Street
Braintree, MA 02184
617/848-3500

May 3, 1985

Gregory T. Zak, Manager
Compliance Assurance Unit
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Dear Mr. Zak:

I write you this letter as you requested, and as a result of our phone conversation on May 1, 1985.

The operation at 6600 South Oak Park Avenue, Chicago, has been completely shut down and relocated to Canada and to Braintree, Massachusetts, as I indicated to you. I now understand that you need the Generator Annual Hazardous Waste Report for 1984 to close your files on this operation's activities.

We have been able to locate the engineering files and have retained one of the former employees in Chicago, and will have him construct this report for your office.

I ask your patience, as he must travel to Massachusetts and temporarily relocate here to do that. We feel this should happen within the next thirty days.

If I see that this will not be possible, I will call you and in turn, if this raises any questions, you can call me at this location.

Sincerely,



Dale M. Barnard
General Manager
Townsend Fastening Systems
Townsend/Textron

DMB:ao'b

TOWNSEND **TEXTRON**

Townsend Fastening Systems
Townsend Division of Textron Inc.

530 West Street
Braintree, MA 02184
617/848-3500

May 14, 1985

Gregory T. Zak, Manager
Compliance Assurance Unit
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Dear Mr. Zak:

Enclosed are the Annual Hazardous Waste Reports for the year 1984. As stated in Mr. Dale Barnard's letter of 5/3/85, the operation at 6600 S. Oak Park Ave., Chicago, has been shut down as of December 1984 and will no longer be a generator of hazardous wastes.

Please note that there's a conflict of Illinois E.P.A. Generators I.D. numbers 0316000561 and 0316640010. If this number had been changed, our file had no record of it. Because of this, we are enclosing copies of the Manifests for each waste shipment that was made in 1984.

Also enclosed, please find Illinois Manifests 1148563 and 1245571, that are for the last of the hazardous wastes from this facility, and were made in 1985.

We regret the delay in submitting these reports and hope this information will enable you to close your files on this operation.

Sincerely,


William E. Waters
Plant Engineer

WEW/rj

Enclosures

TOWNSEND **TEXTRON**

Malcolm M. Wilson
Executive Vice President

Townsend Division of Textron Inc.

5250 77 Center Drive - Suite 300
Charlotte, NC 28210
704/525-8003

December 19, 1985

American National Bank & Trust Co. Of Chicago,
As Trustee Under Trust Agreement Dated Dec. 6,
1985 And Known As Trust No. 66198
30 North LaSalle Street
Chicago, IL 60602


Gentlemen:

All physical hazardous waste has been removed from the property at 6600 South Oak Park Avenue and disposed of with manifests supplied to Illinois E. P. A. We are not aware of any ongoing problems that remain on the property.

We still have under discussion a Compliance Inquiry Letter from the Illinois E. P. A. concerning "apparent violations" of Permit 0316640010. However, we are in continuing conversation with the U. S. E. P. A. which is recommending to the Illinois E. P. A. that a temporary Hazardous Waste Storage Permit filed in 1982 and never used or needed should be cancelled, thus eliminating the paperwork filing of an additional closure plan since the plating line was closed in July of 1984, and the plant has since been closed entirely.

We feel that the attached copy of the letter of May 14, 1985 to the Illinois E. P. A. will prove to be adequate as a document to close the Chicago E. P. A. files on Townsend.

Very truly yours,



M. M. Wilson

MMW:dk

Attachment

cc: Mr. M. Hornbrook - W/Attach.

Mr. M. Cahn "

Mr. D. Barnard "

cc: D m B.
cc: m m Wilson

TOWNSEND **TEXTRON**

Townsend Fastening Systems
Townsend Division of Textron Inc.

530 West Street
Braintree, MA 02184
617/848-3500

May 14, 1985

Gregory T. Zak, Manager
Compliance Assurance Unit
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Dear Mr. Zak:


Enclosed are the Annual Hazardous Waste Reports for the year 1984. As stated in Mr. Dale Barnard's letter of 5/3/85, the operation at 6600 S. Oak Park Ave., Chicago, has been shut down as of December 1984 and will no longer be a generator of hazardous wastes.

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We regret the delay in submitting these reports and hope this information will enable you to close your files on this operation.

Sincerely,


William E. Waters
Plant Engineer

WEW/rj

Enclosures

1985



ENVIRITE
18435 CENTER AVENUE
HARVEY, IL 60428

CORPORATION

ORIGIN Chicago, IL
DESTINATION HARVEY, IL
CONSIGNOR Townsend Div. of Textron H/1053
COMMODITY Waste Alkaline with Cyanide
9.50 LB/GAL MAX LOAD: 46 INCHES
PLACARD: Poison UN/NA #: UN1925

BILL OF LADING - H - 10,760

PICKUP DATE 5/8/85
PICKUP TIME before 2:30 or 3 P
CONSIGNEE ENVIRITE
QUANTITY
EST. 1200 GAL.
R.T. MILEAGE 46

ASK LOADER TO VERIFY PRODUCT SHOWN ABOVE

TRACTOR 65 TRAILER/TYPE 6413 Stainless Steel DRIVER Red
☒ VAC. PUMP 90' of 3" FT. HOSE OTHER EQUIPMENT: 3" strainer

DRIVERS MUST USE SPECIFIED SAFETY EQUIPMENT & PROCEDURES

ACID SUIT FACE SHIELD HARD HAT RUBBER GLOVES SAFETY WATER GAS MASK

OTHER _____ IF PRODUCT TEMPERATURE IS OVER 110 °F, CALL **ENVIRITE**

ARRIVAL AT CUSTOMER 12 45 A.M. P.M.
DEPARTED CUSTOMER 1 25 A.M. P.M.
☐ DRUM VACUUMING *
TOTAL TIME _____ Hrs. 45 Min.

THIS IS TO CERTIFY THAT THE ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

REASON FOR DELAY: _____

TOTAL CUSTOMER TIME IN EXCESS OF ONE HOUR WILL BE BILLED AT THE CONTRACT RATE
* DRUM VACUUMING WILL BE BILLED PER CONTRACT

GENERATOR SIGNATURE: _____

SIGNATURE ACKNOWLEDGES STATEMENT AS CORRECT

WHITE-CORPORATE / CANARY-OFFICE / PINK-TRANSPORTER / GOLDENROD-CUSTOMER

UNIFORM HAZARDOUS
WASTE MANIFEST1. Generator's US EPA ID No
ILD 0428438542. Manifest
Document No
1Information in the shaded areas is not
required by Federal law, but is required
by Illinois law.

3. Generator's Name and Mailing Address

TOWNSEND/TEXTRON CO.
6600 S. Oak Park Ave.
Bedford Park, IL 60638

4. Generator's Phone (312) 725-1134

5. Transporter 1 Company Name
Gold Shield Solvents6. US EPA ID Number
ILD 074424938

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Gold Shield Solvents
2537 LeMoyne
Melrose Park, IL 60160

10. US EPA ID Number

ILD 074424938

A. Illinois Manifest Document Number

IL 1148563

B. Illinois
Generator's ID 0316640010

C. Illinois Transporter's ID 102971

D. (312) 345-3806 Transporter's Phone

E. Illinois Transporter's ID

F. () Transporter's Phone

G. Illinois
Facility's ID 0311860003H. Facility's Phone
(312) 345-3806

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

12. Containers
No Type13. Total
Quantity14. Unit
M/Vol

15. Waste No.

a. F70 Spent Trichloroethylene
ORM-A, UN1710

36

DM

1944

1

EPA HW Number

F 0000

Authorization Number

EPA HW Number

Authorization Number

EPA HW Number

Authorization Number

EPA HW Number

Authorization Number

EPA HW Number

Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described
above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition
for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Date

Printed/Typed Name

X DONALD GLIDEWELL

Signature

X Donald Glidewell

X Month Day Year
3 12 85

Date

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

X DENNIS BUTLER

Signature

X Dennis Butler

X Month Day Year
03 26 85

Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in
Item 19.

Date

Printed/Typed Name

DONNA M. COOK

Signature

Donna M. Cook

Month Day Year
13 12 85

IN ILLINOIS 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2671

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

REV 5

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This form is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111, Section 21, that the information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

20

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT

20

This report is for the calendar year ending December 31, 1984

FOR AGENCY USE

L P H W C

CARD
TYPE

FOR AGENCY USE ONLY

2 0

TRANS
CODE

A

DATE
ENTERED

9

/

/

/

14

GENERAL INSTRUCTIONS

REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM.

The information requested in this report is required by Federal and State law.

Please print/type with elite type (12 characters per inch)

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the calendar year covered by this report. Circle the one numeric code (1 thru 5) that best describes your status during the entire year (see instructions for explanation of codes), and explain in Comment Section.

☐ 1 Non-handler☐ 2 Small Quantity Generator☐ 3 Exempt☐ 4 Beneficial Use☐ 5 Closed

This installation's Non-Regulated Status is expected to apply:

☐ 6 For 1984 only, explain in Comment Section.☐ 7 Permanently, explain in Comment Section.☐ 8 Other, explain in Comment Section.

II. REGULATED STATUS

See instructions for completing this and following sections.

III. GENERATOR'S USEPA I.D. NUMBER

IV. GENERATOR'S ILLINOIS I.D. NUMBER

1 1 1 0 1 0 1 4 2 1 8 1 4 3 1 8 5 1 4

0 3 1 1 6 0 1 0 1 5 6 1 (SEE ATTACHED LETTER)

V. NAME OF INSTALLATION

TOWNSEND/TEXTRON

VI. INSTALLATION MAILING ADDRESS

6600 S. OAK PARK AVE.

Street or P.O. Box

BEDFORD PARK, ILLINOIS

City or Town

60638

State Zip Code

VII. LOCATION OF INSTALLATION (if different than section VI above)

Street or Route number

City or Town

State Zip Code

VIII. INSTALLATION CONTACT

WATERS, WILLIAM

Name (last and first)

312-735-1135

Phone No. (area code & no.)

This Agency is authorized to require this information under Illinois Revised Statutes, 1981, Chapter III-1/2, Sections 1004 and 1021 (1)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

WILLIAM WATERS - PLANT ENGINEER

Print Type Name

Title

Signature of Authorized Representative

Date Signed

Page 001 of 005

40 42

ILLD 042843854 -- 0316640010
Townsend Textron
Attn: Edward F. Marinter
6600 South Oak Park Avenue
Chicago, Illinois 60638

DETACH HERE

Organic Chemicals

K009	Distillation bottoms from the production of acetaldehyde from ethylene.	(T)
K010	Distillation side cuts from the production of acetaldehyde from ethylene.	(T)
K011	Bottom stream from the wastewater stripper in the production of acrylonitrile.	(R, T)
K013	Bottom stream from the acetronitrile column in the production of acrylonitrile.	(T)
K014	Bottoms from the acetronitrile purification column in the production of acrylonitrile.	(T)
K015	Still bottoms from the distillation of benzyl chloride.	(T)
K016	Heavy ends or distillation residues from the production of carbon tetrachloride.	(T)
K017	Heavy ends (still bottoms) from the purification column in the production of epichlorohydrin.	(T)
K018	Heavy ends from the fractionation column in ethyl chloride production.	(T)
K019	Heavy ends from the distillation of ethylene dichloride in ethylene dichloride production.	(T)
K020	Heavy ends from the distillation of vinyl chloride in vinyl chloride monomer production.	(T)
K021	Aqueous spent antimony catalyst waste from fluoromethanes production.	(T)
K022	Distillation bottom tars from the production of phenol/acetone from cumene.	(T)
K023	Distillation light ends from the production of phthalic anhydride from naphthalene.	(T)
K024	Distillation bottoms from the production of phthalic anhydride from naphthalene.	(T)
K093	Distillation light ends from the production of phthalic anhydride from ortho-xylene.	(T)
K094	Distillation bottoms from the production of phthalic anhydride from ortho-xylene.	(T)
K025	Distillation bottoms from the production of nitrobenzene by the nitration of benzene.	(T)
K026	Stripping still tails from the production of methyl ethyl pyridines.	(T)
K027	Centrifuge and distillation residues from toluene diisocyanate production.	(R, T)
K028	Spent catalyst from the hydrochlorinator reactor in the production of 1,1,1-trichloroethane.	(T)
K029	Waste from the product stream stripper in the production of 1,1,1-trichloroethane.	(T)
K095	Distillation bottoms from the production of 1,1,1-trichloroethane.	(T)
K096	Heavy ends from the heavy ends column from the production of 1,1,1-trichloroethane.	(T)
K030	Column bottoms or heavy ends from the combined production of trichloroethylene and perchloroethylene.	(T)
K083	Distillation bottoms from aniline production.	(T)
K103	Process residues from aniline extraction from the production of aniline.	(T)
K104	Combined wastewater streams generated from nitrobenzene/aniline production.	(T)
K085	Distillation or fractionation column bottoms from the production of chlorobenzenes.	(T)
K105	Separated aqueous stream from the reactor product washing step in the production of chlorobenzenes.	(T)

Inorganic Chemicals:

K071	Brine purification muds from the mercury cell process in chlorine production, where separately prepurified brine is not used.	(T)
K073	Chlorinated hydrocarbon waste from the purification step of the diaphragm cell process using graphite anodes in chlorine production.	(T)
K106	Wastewater treatment sludge from the mercury cell process in chlorine production.	(T)

Pesticides:

K031	By-product salts generated in the production of MSMA and cacodylic acid.	(T)
K032	Wastewater treatment sludge from the production of chlordane.	(T)
K033	Wastewater and scrub water from the chlorination of cyclopentadiene in the production of chlordane.	(T)
K034	Filter solids from the filtration of hexachlorocyclopentadiene in the production of chlordane.	(T)
K097	Vacuum stripper discharge from the chlordane chlorinator in the production of chlordane.	(T)
K035	Wastewater treatment sludges generated in the production of creosote.	(T)
K036	Still bottoms from toluene reclamation distillation in the production of disulfoton.	(T)

K037	Wastewater treatment sludges from the production of disulfoton.	(T)
K038	Wastewater from the washing and stripping of phorate production.	(T)
K039	Filter cake from the filtration of diethylphosphorodithioic acid in the production of phorate.	(T)
K040	Wastewater treatment sludge from the production of phorate.	(T)
K041	Wastewater treatment sludge from the production of toxaphene.	(T)
K042	Untreated process wastewater from the production of toxaphene.	(T)
K043	Heavy ends or distillation residues from the distillation of tetrachlorobenzene in the production of 2,4,5-T.	(T)
K044	2,6-Dichlorophenol waste from the production of 2,4-D.	(T)
K045	Untreated wastewater from the production of 2,4-D.	(T)
Explosives:		
K046	Wastewater treatment sludges from the manufacturing and processing of explosives.	(R)
K047	Spent carbon from the treatment of wastewater containing explosives.	(R)
K048	Wastewater treatment sludges from the manufacturing, formulation and loading of lead-based initiating compounds.	(T)
K049	Pink/red water from TNT operations.	(R)
Petroleum Refining:		
K050	Dissolved air flotation (DAF) float from the petroleum refining industry.	(T)
K051	Slop oil emulsion solids from the petroleum refining industry.	(T)
K052	Heat exchanger bundle cleaning sludge from the petroleum refining industry.	(T)
K053	API separator sludge from the petroleum refining industry.	(T)
K054	Tank bottoms (leaded) from the petroleum refining industry.	(T)
Iron and Steel:		
K055	Emission control dust/sludge from the primary production of steel in electric furnaces.	(T)
K056	Spent pickle liquor from steel finishing operations.	(C, T)
Secondary Lead:		
K057	Emission control dust/sludge from secondary lead smelting.	(T)
K058	Waste leaching solution from acid leaching of emission control dust/sludge from secondary lead smelting.	(T)
Veterinary Pharmaceuticals:		
K059	Wastewater treatment sludges generated during the production of veterinary pharmaceuticals from arsenic or organo-arsenic compounds.	(T)
K060	Distillation tar residues from the distillation of aniline-based compounds in the production of veterinary pharmaceuticals from arsenic or organo-arsenic compounds.	(T)
K061	Residue from use of activated carbon for decolorization in the production of veterinary pharmaceuticals from arsenic or organo-arsenic compounds.	(T)
Ink Formulation:		
K062	Solvent washes and sludges, caustic washes and sludges, or water washes and sludges from cleaning tubs and equipment used in the formulation of ink from pigments, driers, soaps and stabilizers containing chromium and lead.	(T)
Coking:		
K063	Ammonia still lime sludge from coking operations.	(T)
K064	Decanter tank tar sludge from coking operations.	(T)

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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL HAZARDOUS WASTE REPORT

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This report is for the calendar year ending December 31, 1984

(CONT.)

FOR AGENCY USE ONLY

FOR AGENCY USE

L P H W C
1 2 3 4 5CARD
TYPE5 0
6 7TRANS
CODEA
8DATE
ENTERED/ /
9 10 11 12

X. GENERATOR'S USEPA I.D. NO.

XI. GENERATOR'S ILLINOIS EPA I.D. NO.

XII. FACILITY'S USEPA I.D. NO.

I L D 0 4 2 8 4 3 8 5 4
19 200 3 1 6 0 0 0 5 6 1
31 39I L D 0 7 4 4 2 4 9 3 8
41 52

XIII. FACILITY'S ILLINOIS EPA I.D. NO.

XIV. FACILITY'S NAME / ADDRESS

0 3 1 1 8 6 0 3
51 62

Name DETREX CHEMICAL

Phone 312 345 3806

XV. WASTE IDENTIFICATION

2537 LEMOYNE

MELROSE PK.,

IL 60160

Street (P.O. Box)

City

State

Zip

A. LINE NO.	B. DESCRIPTION OF WASTE	C. UNCLAS Hazard Code	D. RCRA HAZARDOUS WASTE NO. (see instructions)	E. AMOUNT OF WASTE (gallons only)	F. DENSITY (lbs./gal.)
0 0 0 1 63 66	TRICHLOREYTHENE WASTE LIQUID CRM-A- R/Q 4/10/84	67 68	F 0 0 1 69 72 73 76 77 80 81 84	3 3 0 85 93 94 96	7 . 9 95
0 0 0 2 63 66	SAME AS ABOVE 5/07/84	67 68	F 0 0 1 69 72 73 76 77 80 81 84	2 7 5 85 93 94 96	7 . 9 95
0 0 0 3 63 66	SAME AS LINE 0001 6/04/84	67 68	F 0 0 1 69 72 73 76 77 80 81 84	2 7 5 85 93 94 96	7 . 9 95
0 0 0 4 63 66	SAME AS LINE 0001 7/02/84	67 68	F 0 0 1 69 72 73 76 77 80 81 84	3 3 0 85 93 94 96	7 . 9 95
0 0 0 5 63 66	SAME AS LINE 0001 10/05/84	67 68	F 0 0 1 69 72 73 76 77 80 81 84	6 0 0 85 93 94 96	7 . 9 95
0 0 0 6 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 7 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 8 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 0 9 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	
0 0 1 0 63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	

XVII. PAGE NUMBER

0 0 2
15 17

Table 1. - CONCENTRATION OF CONTAMINANTS
FOR CHARACTERISTICS OF EP TOXICITY

EPA Hazardous Waste Number	Contaminant	Concentration (mg/l)
D004	Arsenic	5.0
D005	Barium	100.0
D006	Cadmium	1.0
D007	Chromium	5.0
D008	Lead	5.0
D009	Mercury	0.2
D010	Selenium	1.0
D011	Silver	5.0
D012	Endrin (1,2,3,4,10,10- hexachloro-1,7-epoxy- 1,4,4a,5,6,7,8,8a- octahydro-1,4-endo, endo-5, 8-dimethano naphthalene	0.02
D013	Lindane (1,2,3,4,5,6- hexachlorocyclo- hexane, gamma isomer)	0.4
D014	Methoxychlor (1,1,1- Trichloro-2,2-bis [p-methoxyphenyl] ethane)	10.0
D015	Toxaphene (C ₁₀ H ₁₀ Cl ₈ , Technical chlorinated camphene, 67-69 percent chlorine)	0.5
D016	2,4-D, (2,4- Dichlorophenoxyacetic acid)	10.0
D017	2,4,5-TP Silvex (2,4,5- Trichlorophenoxypro- pionic acid)	1.0

Source: Amended at 6 Ill. Reg. 4828, effective as noted in Sec-
tion 700.106.

SUBPART D: LISTS OF HAZARDOUS WASTE

Section 721.130 General

a) A solid waste is a hazardous waste if it is listed in this Subpart, unless it has been excluded from this list under Sections 720.120 and 720.122.

b) The basis for listing the classes or types of wastes listed in this Subpart is indicated by employing one or more of the Hazard Codes:

Ignitable Waste	(I)
Corrosive Waste	(C)
Reactive Waste	(R)
EP Toxic Waste	(E)
Acute Hazardous Waste	(H)
Toxic Waste	(T)

Appendix VII identifies the constituent which caused the Administrator to list the waste as an EP Toxic Waste (E) or Toxic Waste (T) in Sections 721.131 and 721.132.

c) Each hazardous waste listed in this Subpart is assigned an EPA Hazardous Waste Number which precedes the name of the waste. This number must be used in complying with the notification requirements of Section 3010 of the Act and certain recordkeeping and reporting requirements under Parts 722 through 725 and 40 CFR Part 122.

d) The following hazardous wastes listed in Section 721.131 or 721.132 are subject to the exclusion limits for acutely hazardous wastes established in Section 721.105:

Section 721.131 Hazardous Wastes From Nonspecific Sources

Industry and EPA Hazardous Waste No.	Hazardous Waste	Hazard Code
Generic:		
F001	The following spent halogenated solvents used in decreasing tetrachloroethylene, trichloroethylene, methylene chloride, 1,1,1-trichloroethane, carbon tetrachloride, and chlorinated fluorocarbons; and sludges from the recovery of these solvents in degreasing operations.	(T)
F002	The following spent halogenated solvents: tetrachloroethylene, methylene chloride, trichloroethylene, 1,1,1-trichloroethane, chlorobenzene, 1,1,2-trichloro-1,2,2-trifluoroethane, orthodichlorobenzene, and trichlorofluoromethane; and the still bottoms from the recovery of these solvents.	(T)
F003	The following spent non-halogenated solvents: xylene, acetone, ethyl acetate, ethyl benzene, ethyl ether, methyl isobutyl ketone, n-butyl alcohol, cyclohexanone, and methanol; and the still bottoms from the recovery of these solvents.	(I)
F004	The following spent non-halogenated solvents: cresols and cresylic acid, and nitrobenzene; and the still bottoms from the recovery of these solvents.	(T)
F005	The following spent non-halogenated solvents: toluene, methyl ethyl ketone, carbon disulfide, isobutanol, and pyridine; and the still bottoms from the recovery of these solvents.	(I, T)
F006	Wastewater treatment sludges from electroplating operations except from the following processes: (1) sulfuric acid anodizing of aluminum; (2) tin plating on carbon steel; (3) zinc plating (segregated basis) on carbon steel; (4) aluminum or zinc-aluminum plating on carbon steel; (5) cleaning/stripping associated with tin, zinc and aluminum plating on carbon steel; and (6) chemical etching and milling of aluminum.	(T)
F019	Wastewater treatment sludges from the chemical conversion coating of aluminum.	(T)
F007	Spent cyanide plating bath solutions from electroplating operations (except for precious metals electroplating spent cyanide plating bath solutions).	(R, T)
F008	Plating bath sludges from the bottom of plating baths from electroplating operations where cyanides are used in the process (except for precious metals electroplating plating bath sludges).	(R, T)
F009	Spent stripping and cleaning bath solutions from electroplating operations where cyanides are used in the process (except for precious metals electroplating spent stripping and cleaning bath solutions).	(R, T)
F010	Quenching bath sludge from oil baths from metal heat treating operations where cyanides are used in the process (except for precious metals heat-treating quenching bath sludges).	(R, T)
F011	Spent cyanide solutions from salt bath pot cleaning from metal heat treating operations (except for precious metals heat treating spent cyanide solutions from salt bath pot cleaning).	(R, T)
F012	Quenching wastewater treatment sludges from metal heat treating operations where cyanides are used in the process (except for precious metals heat treating quenching wastewater treatment sludges).	(T)

Section 721.132 Hazardous Waste from Specific Sources

Wood Preservation:

K001	Bottom sediment sludge from the treatment of wastewaters from wood preserving processes that use creosote and/or pentachlorophenol.	(T)
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Inorganic Pigments:

K002	Wastewater treatment sludge from the production of chrome yellow and orange pigments.	(T)
K003	Wastewater treatment sludge from the production of molybdate orange pigments.	(T)
K004	Wastewater treatment sludge from the production of zinc yellow pigments.	(T)
K005	Wastewater treatment sludge from the production of chrome green pigments.	(T)
K006	Wastewater treatment sludge from the production of chrome oxide green pigments (anhydrous and hydrated).	(T)
K007	Wastewater treatment sludge from the production of iron blue pigments.	(T)
K008	Oven residue from the production of chrome oxide green pigments.	(T)

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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY GENERATOR ANNUAL HAZARDOUS WASTE REPORT

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This report is for the calendar year ending December 31, 1984

(cont.)

FOR AGENCY USE ONLY

FOR AGENCY USE L P H W C CARD TYPE 5 0 TRANS CODE A DATE ENTERED / /

X. GENERATOR'S USEPA I.D. NO.

XI. GENERATOR'S ILLINOIS EPA I.D. NO.

XII. FACILITY'S USEPA I.D. NO.

I L D 0 4 2 8 4 3 8 5 40 3 1 6 0 0 0 5 6 1I L D 0 0 0 6 6 5 7 8 6

XIII. FACILITY'S ILLINOIS EPA I.D. NO.

XIV. FACILITY'S NAME / ADDRESS

0 3 1 2 8 5 0 2Name: REFINERY PRODUCTSPhone: 312 678-8262

XV. WASTE IDENTIFICATION

Street / P.O. Box: 4256 WESLEY TERR.City: SCHILLER PARKState: ILZip: 60176

A. LINE NO.	B. DESCRIPTION OF WASTE	C. RCRA HAZARDOUS WASTE NO.	D. RCRA HAZARDOUS WASTE NO. (see instructions)	E. AMOUNT OF WASTE (gallons only)	F. DENSITY (lbs. / gal.)
<u>0 0 0 1</u> 63 66	DEGREASER STILL WASTE LIQUID - ORM - E 1/6/84	<u>67 68</u>	<u>F 0 0 1</u> 69 72 73 76 77 80 81 84	<u>1 9 0 0</u> 85 93 94 96	<u>7 . 9</u> 96
<u>0 0 0 2</u> 63 66	PETROLEUM OIL N.G.S.	<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u>1 6 2 5</u> 85 93 94 96	<u>1 7 . 1 0</u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96
<u> </u> 63 66		<u>67 68</u>	<u> </u> 69 72 73 76 77 80 81 84	<u> </u> 85 93 94 96	<u> </u> 96

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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
GENERATOR ANNUAL HAZARDOUS WASTE REPORT

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This report is for the calendar year ending December 31, 1984

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FOR AGENCY USE ONLY

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X. GENERATOR'S USEPA I.D. NO.

XI. GENERATOR'S ILLINOIS EPA I.D. NO.

XII. FACILITY'S USEPA I.D. NO.

I L D 0 4 2 8 4 3 8 5 4
18 240 3 1 6 0 0 0 5 6 1
30 36I L D 0 0 0 6 6 6 2 0 6
41 52

XIII. FACILITY'S ILLINOIS EPA I.D. NO.

XIV. FACILITY'S NAME / ADDRESS

0 3 1 1 1 1 0 0 0 1
53 62

Name: ENVIRITE CORP.

Phone: 312 596 7040

16435 CENTER AVE.

HARVEY

IL 60426

XV. WASTE IDENTIFICATION

Street (P.O. Box)

City

State

Zip

A. LINE NO.	B. DESCRIPTION OF WASTE	C. RCRA HAZARDOUS WASTE NO. (see instructions)	D. RCRA HAZARDOUS WASTE NO. (see instructions)	E. AMOUNT OF WASTE (gallons only)	F. DENSITY (lbs. gal.)
0 0 1 63 66	ALKALINE WITH CYANIDE POISON B 9/14/84	67 68	F 0 0 7 69 72 73 76 77 80 81 84	15 10 10 85 93 94 96	18 . 4 93 94 96
10 0 2 63 66	SAME AS ABOVE 10/03/84	67 68	F 0 0 7 69 72 73 76 77 80 81 84	12 6 0 0 85 93 94 96	18 . 4 93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96
63 66		67 68	69 72 73 76 77 80 81 84	85 93 94 96	93 94 96

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Appendix

Characteristics of Hazardous Wastes

(Section 721, Subpart C)

and

Lists of Hazardous Waste

(Section 721, Subpart D)

SUBPART C: CHARACTERISTICS OF HAZARDOUS WASTE

Section 721.120 General

- a) A solid waste, as defined in Section 721.102, which is not excluded from regulation as a hazardous waste under Section 721.104(b), is a hazardous waste if it exhibits any of the characteristics identified in this Subpart.

Comment: Section 722.111 sets forth the generator's responsibility to determine whether his waste exhibits one or more of the characteristics identified in this Subpart.

- b) A hazardous waste which is identified by a characteristic in this Subpart, but is not listed as a hazardous waste in Subpart D, is assigned the EPA Hazardous Waste Number set forth in the respective characteristic in this Subpart. This number must be used in complying with the notification requirements of Section 3010 of the Act and certain recordkeeping and reporting requirements under Parts 722 through 725 and 40 CFR Part 122.
- c) For purposes of this Subpart, a sample obtained using any of the applicable sampling methods specified in Appendix I is a representative sample within the meaning of Part 720.

Comment: Since the Appendix I sampling methods are not being formally adopted, a person who desires to employ an alternative sampling method is not required to demonstrate the equivalency of his method under the procedures set forth in Section 720.121.

Source: Amended at 6 Ill. Reg. 4828, effective as noted in Section 700.106.

Section 721.121 Characteristic of Ignitability

- a) A solid waste exhibits the characteristic of ignitability if a representative sample of the waste has any of the following properties:
- 1) It is a liquid, other than an aqueous solution containing less than 24 percent alcohol by volume, and has a flash point less than 60°C (140°F), as determined by Pensky-Martens Closed Cup Tester, using the test method specified in the American Society of Testing Materials (ASTM) Standard D-93-79 or D-93-80 (incorporated by reference, see Section 720.111), or a Setaflash Closed Cup Tester, using the test method specified in ASTM Standard D-3278-78 (incorporated by reference, see Section 720.111), or as determined by an equivalent test method approved by the Board (Section 720.120).
 - 2) It is not a liquid and is capable, under standard temperature and pressure, of causing fire through friction, absorption of moisture or spontaneous chemical changes and, when ignited, burns so vigorously and persistently that it creates a hazard.
 - 3) It is an ignitable compressed gas as defined in 49 CFR 173.300 and as determined by the test methods described in that regulation or equivalent test methods approved by the Board (Section 720.120).
 - 4) It is an oxidizer as defined in 49 CFR 173.151.
- b) A solid waste that exhibits the characteristic of ignitability, but is not listed as a hazardous waste in Subpart D, has the EPA Hazardous Waste Number of D001.

Source: Amended at 6 Ill. Reg. 4828, effective as noted in Section 700.106.

Section 721.122 Characteristic of Corrosivity

- a) A solid waste exhibits the characteristic of corrosivity if a representative sample of the waste has either of the following properties:
- 1) It is aqueous and has a pH less than or equal to 2 or greater than or equal to 12.5, as determined by a pH meter using either an EPA test method or an equivalent test method (Section 720.121). The EPA test method for pH is specified as Method 5.2 in "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods" (incorporated by reference, see Section 720.111).
 - 2) It is a liquid and corrodes steel (SAE 1020) at a rate greater than 6.35 mm (0.250 inch) per year at a test temperature of 55°C (130°F) as determined by the test method specified in NACE (National Association of Corrosion Engineers) Standard TM-01-69 as standardized in "Test Methods for the Evaluation of Solid Waste, Physical/Chemical Methods" (incorporated by reference, see Section 720.111) or an equivalent test method (Section 720.121).
- b) A solid waste that exhibits the characteristic of corrosivity, but is not listed as a hazardous waste in Subpart D, has the EPA Hazardous Waste Number of D002.

Source: Amended at 6 Ill. Reg. 4828, effective as noted in Section 700.106.

Section 721.123 Characteristic of Reactivity

- a) A solid waste exhibits the characteristic of reactivity if a representative sample of the waste has any of the following properties:
- 1) It is normally unstable and readily undergoes violent change without detonating.
 - 2) It reacts violently with water.
 - 3) It forms potentially explosive mixtures with water.
 - 4) When mixed with water, it generates toxic gases, vapors or fumes in a quantity sufficient to present a danger to human health or the environment.
 - 5) It is a cyanide or sulfide bearing waste which, when exposed to pH conditions between 2 and 12.5 can generate toxic gases, vapors or fumes in a quantity sufficient to present a danger to human health or the environment.
 - 6) It is capable of detonation or explosive reaction if it is subjected to a strong initiating source or if heated under confinement.
 - 7) It is readily capable of detonation or explosive decomposition or reaction at standard temperature and pressure.
 - 8) It is a forbidden explosive as defined in 49 CFR 173.51, or a Class A explosive as defined in 49 CFR 173.53 or a Class B explosive as defined in 49 CFR 173.88.
- b) A solid waste that exhibits the characteristic of reactivity, but is not listed as a hazardous waste in Subpart D, has the EPA Hazardous Waste Number of D003.

Source: Amended at 6 Ill. Reg. 4828, effective as noted in Section 700.106.

Section 721.124 Characteristic of EP Toxicity

- a) A solid waste exhibits the characteristic of EP toxicity if, using the test methods described in Appendix II or equivalent methods (Section 720.121), the extract from a representative sample of the waste contains any of the contaminants listed in Table I at a concentration equal to or greater than the respective value given in that Table. Where the waste contains less than 0.5 percent filterable solids, the waste itself, after filtering, is considered to be the extract for the purposes of this Section.
- b) A solid waste that exhibits the characteristic of EP toxicity, but is not listed as a hazardous waste in Subpart D, has the EPA Hazardous Waste Number specified in Table I which corresponds to the toxic contaminant causing it to be hazardous.

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This report is for calendar year ending December 31, 1983 (cont.)

FOR AGENCY USE ONLY

FOR AGENCY USE L P H W C CARD TYPE 6 0 TRANS CODE A DATE ENTERED / / 14

1 5 6 7 8 9 10 11 12 13 14

X. GENERATOR'S USEPA I.D. NO.

XI. GENERATOR'S ILLINOIS EPA I.D. NO.

I L D 0 4 2 8 4 3 8 5 4
18 24

0 3 1 6 0 0 0 5 6 1

V.VI. GENERATOR'S NAME/ADDRESS

Name **TOWNSEND/TEXTRON**

Phone (312) 735 - 1134

6600 S. OAK PARK AVE.

BEDFORD PARK

IL 60638

Street (P.O. Box) _____

City

State

Zp

XVIII. LIST OF TRANSPORTATION SERVICES (HAULERS) USED:

[illegible]

XVII. PAGE NUMBER

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15 17

15-537-10
10-1-81
TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679213
1 7
Authorization Number 922062
8 13

7. VANDER/TEXTREX 6640 S. Oak Park 3127851134 0316000561
(Company Name) Address Phone Number 14 Generator Number 24
Chicago IL 60632 112042843854
City State Zip EPA Number

BROWNINA-FERRIS 5050 W Lake St Melrose Park S W H Registration Number 0107036
Hauler Name Hauler Address Phone Number EPA Number
3123457050 112092122505
Hauler Name Hauler Address Phone Number EPA Number

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE
CHEM-CLEAR 11800 So Stony I. 03160051
(Facility Name) Address Site Number
Chicago IL 60617 3126466202 112000608471
City State Zip Phone Number EPA Number
Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR
WASTE NAME PLATING WASTE WASTE PHASE LIQUID
(Liquid Gaseous Solid)
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.
SHIPPING DESCRIPTION N.O.S. HAZARD CLASS NA9189 F006
HAZARDOUS WASTE LIQUID ORH-E UN or NA Number EPA HW Number
WEIGHT FOR DOT USE _____ LBS _____ TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU YDS OR GAL QUANTITY OF WASTE DELIVERED 003000 50 0 GALLONS (Circle One) CU YDS 1 50
METHOD OF SHIPMENT (Circle One) (DRUMS _____) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Raymond Buzek DATE 1-11-84
(Authorized Signature)

WASTE HAULER
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED
(1) Michael J. Herman DATE 01/11/84
(Authorized Signature) (54) (55)
(2) _____ DATE _____
(Authorized Signature)

DISPOSAL, STORAGE, OR TREATMENT FACILITY* HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO _____
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.
L. Belinsky DATE 01/11/84
(Authorized Signature) (56)

COMMENTS OR SPECIAL INSTRUCTIONS _____
24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* OUTSIDE ILLINOIS: 800 / 424-8502 or 202 / 426-2675
IN " IS 217 / 782-3637
PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR
GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.
any is authorized to require this information under Illinois Revised Statutes: 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.
11-16-1984

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679214
7
Authorization Number: 922062
8 13

TO: ANDERSON 660 S. Oak Park 3127351134 0316000561
(Company Name) Address Phone Number Generator Number
CH. CITY ILL. 60638 140042843857
City State Zip EPA Number

WASTE HAULER(S)

CROWNLINE-FAIRIS 5050 W. Lake St. HELROSE 0107037
Hauler Name Hauler Address S.W.H. Registration Number
3123457050 140097177503
Phone Number EPA Number

S.W.H. Registration Number: 32 38

Hauler Name

Hauler Address

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

CHEN-CHEN 11800 STONEY IS. 03160051
(Facility Name) Address Site Number
CH. CITY ILL. 60617 3124461202 14000608771
City State Zip Phone Number EPA Number

Alternate (Facility Name)

Address

Site Number

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME PLATING WASTE

WASTE PHASE

LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION

HAZARD CLASS:

HAZARDOUS WASTE LIQ. ORM-E

HA9189
UN or NA Number

F006
EPA HW Number

WEIGHT FOR
DOT USE

LBS
TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED 002000

1 GALLONS (Circle One)
2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One)

(DRUMS _____)
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION,
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond B. Bugh
(Authorized Signature)

DATE 2-24-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED:

(1) Raymond B. Bugh
(Authorized Signature)
(2) Raymond B. Bugh
(Authorized Signature)

DATE 02/24/84

DATE: 1 1 1

DISPOSAL, STORAGE OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ✓ NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE

DATE 02/24/84

COMMENTS OR SPECIAL INSTRUCTIONS

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-BB02 or 202 / 475-2511

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV #4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty of \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

Authorization Number: 922062

INSAND/TATRON 6605 Oak Park 3127351134 0316000561
(Company Name) Address Phone Number
CHICAGO ILL. 60638 112042843854
City State Zip EPA Number

WASTE HAULER(S)

BROWNING-FERRIS 5050 W. Lake St. Milwaukee, WI 0107037
Hauler Name Hauler Address S.W.H. Registration Number
3123457080 112097177503
Phone Number EPA Number

S.W.H. Registration Number: 32

Hauler Name Hauler Address Phone Number EPA Number

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE

CHM-CHMR 11812 STONEY RD. 031600081
(Facility Name) Address Site Number
CHICAGO ILL. 60617 3124466202 115000608471
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME PLASTIC WASTE WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION

HAZ.

HAZARD CLASS

HAZARDOUS WASTE - ORN-E

NA9187
UN or NA Number

1006
EPA HW Number

WEIGHT FOR D.O.T. USE 003000 LBS TONS (circle one) 0 WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED 003000 52 53

METHOD OF SHIPMENT (Circle One)

(DRUMS)

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond D. Dugan
(Authorized Signature)

DATE 4-3-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED

(Authorized Signature)

(Authorized Signature)

DATE 04/03/84

DATE

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO ☐

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

DATE 04/03/84

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2

IN ILLINOIS 217 / 782-3637

DISTRIBUTION PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979 Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty of up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

**TO BE COMPLETED BY
WASTE GENERATOR**

ENVIRONMENTAL
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

Authorization Number 922062

TOWNSEND/TEATRON 66 W. S. Oak Park 3127351134 0316000561
(Company Name) Address Phone Number Generator Number
CHICAGO ILL. 60638 112042843854
City State Zip EPA Number

WASTE HAULER(S)

BROWNING-FERRIS 5050 W. Lake St. Melrose Park 3123457050 0107037
Hauler Name Hauler Address Phone Number S.W.H. Registration Number
ILL. 60617 3126466202 112000608471
City State Zip Phone Number EPA Number

S.W.H. Registration Number _____

Hauler Name _____ Hauler Address _____
Phone Number _____ EPA Number _____

CHEM-CLEAR 11800 STONEY IS. 03160081
(Facility Name) Address Site Number
CHICAGO ILL. 60617 3126466202 112000608471
City State Zip Phone Number EPA Number

Alternate (Facility Name) _____ Address _____
City State Zip Phone Number EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME PLASTIC WASTE WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION N.O.S.

HAZARD CLASS.

HAZARDOUS WASTE LG. ORH-E

NA9189
UN or NA Number

F006
EPA HW Number

WEIGHT FOR D.O.T. USE 27,000 LBS. (circle one)
TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED 003000 GALLONS (Circle One)
2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One)

(DRUMS _____) Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond B. Bugh
(Authorized Signature)

DATE 5-22-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED

(1) Raymond B. Bugh
(Authorized Signature)
(2) _____
(Authorized Signature)

DATE 052284
DATE _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO ☐

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

DATE 052284

O. A. Swartz
(Authorized Signature)

COMMENTS OR SPECIAL INSTRUCTIONS _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-27

IN ILLINOIS 217 / 782-3637

DISTRIBUTION PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991754

Authorization Number: 922062

TO: ISND/TETRON 44 S. Oak Park 3127351134 0316000561
(Company Name) Address Phone Number Generator Number
Chicago IL 60638 112042843854
City State Zip EPA Number

WASTE HAULER(S)
Browning-Ferris 5050 W. Lake St. Melrose OK S W H Registration Number: 0107036
Hauler Name Hauler Address Phone Number EPA Number
3123457050 112097177505
Hauler Name Hauler Address Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE
Chem-Clear 11800 Stony Is. 03160081
(Facility Name) Address Site Number
Chicago IL 60617 3126461202 112000608471
City State Zip Phone Number EPA Number
Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR
WASTE NAME: PLATING WASTE WASTE PHASE: Liquid
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW
SHIPPING DESCRIPTION: N.O.S. HAZARD CLASS: NA 9189 F004
HAZARDOUS WASTE ORM-E UN or NA Number EPA HW Number
WEIGHT FOR DOT USE: 27,000 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 003006 GALLONS (Circle One) 2 CU. YDS. 1
METHOD OF SHIPMENT (Circle One) (DRUMS Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Raymond D. Buehl DATE 6-29-84
(Authorized Signature)

WASTE HAULER
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.
(1) Michael D. Smith DATE 6/29/84
(Authorized Signature) (54) (59)
(2) _____ DATE _____
(Authorized Signature)

DISPOSAL, STORAGE, OR TREATMENT FACILITY* HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO ☐
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:
W. L. Lenzart DATE 06/29/84
(Authorized Signature) (60) (65)

C. NOTES OR SPECIAL INSTRUCTIONS

STATE OF ILLINOIS

0991756
1 7

TO BE COMPLETED BY
WASTE GENERATOR

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

Authorization Number 922062
8 13

2 YOUNG/TUTORON 6600 S. Oak Park 3127051124 0316000561
(Company Name) Address Phone Number Generator Number
Chicago ILL 60638 762042842854
City State Zip EPA Number

WASTE HAULER(S)

BROWNING-FERRIS 5050 W. LAW ST MELROSE-ILL S.W.H. Registration Number 0107036
Hauler Name Hauler Address Phone Number EPA Number
3129457050 762092177505

S.W.H. Registration Number _____

Hauler Name

Hauler Address

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

CHEN-CLONR 11800 STOKLY ILL 031600081
(Facility Name) Address Site Number
Chicago ILL 60617 3126466202 762000608421
City State Zip Phone Number EPA Number

Alternate (Facility Name)

Address

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME FLAMING WASTE

WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION

HAZARD CLASS:

HAZARDOUS WASTE LIQ N.O.S. ORM-L NA9189 E006
UN or NA Number EPA HW Number

WEIGHT FOR
D.O.T. USE 16.000 LBS
TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 002000
52

1 GALLONS (Circle One)
2 CU. YDS. 0

METHOD OF SHIPMENT (Circle One)

(DRUMS _____)
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION,
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond Bryant
(Authorized Signature)

DATE 7-17-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED:

(1) Clarence Johnson
(Authorized Signature)

DATE 7/17/84

(2) _____
(Authorized Signature)

DATE _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

D. Surrency
(Authorized Signature)

DATE 07/17/84

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV 84

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991757

Authorization Number: 000057
13

TOWNSEND DIVISION

C. TETRON
(Company Name)6600 S. OAK PARK 312 735 1134 031 664 001 06
Address Phone Number Generator NumberCHICAGO
CityILL
State60638
ZipIL0042843854
EPA Number

WASTE HAULER(S)

ENKIRITE CORP.
Hauler Name16435 CENTER
HARVEY, ILL.
Hauler AddressS.W.H. Registration Number 1071004
31312 596 7040
Phone NumberIL0000666206
EPA Number

Hauler Name

Hauler Address

S.W.H. Registration Number
32

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

ENKIRITE CORP.
(Facility Name)16435 CENTER
Address031 111 0001
39 Site Number 40HARVEY
CityILL.
State60426
Zip312 596 7040 IL0000666206
Phone Number EPA Number

Alternate (Facility Name)

Address

39 Site Number 40

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: ALKALINE WITH CYANIDE

WASTE PHASE: LIQUID

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION

HAZARD CLASS:

WASTE CYANIDE
SOLUTION A105

POISON B

UN1935
UN or NA NumberF007
EPA HW NumberWEIGHT FOR D.O.T. USE 14,250 LBS
TONS (circle one)WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.QUANTITY OF WASTE DELIVERED 001500
57 1 GALLONS (Circle One)
2 CU. YDS. 1
53

METHOD OF SHIPMENT (Circle One)

(DRUMS
Number)

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

(Authorized Signature)

DATE: 9-14-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED.(1) Ronald Klechman
(Authorized Signature)DATE: 09/14/84
54 59(2) _____
(Authorized Signature)

DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO ☐

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE.

McLodwig
(Authorized Signature)DATE: 09/14/84
60 65

OMM OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

ILLINOIS: 217 / 782-3637

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

EV. #4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Federal Management Center.



EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404 Expires 7-31-96

Please print or type

(Form designed for use on site (12-pitch) typewriter)

Manifest
Document No.2 Page 1
of 1Information in the shaded areas is not
required by Federal law, but is required
by Illinois law.UNIFORM HAZARDOUS
WASTE MANIFEST1. Generator's US EPA ID No.
1 LD0042843854

3. Generator's Name and Mailing Address

TOWNSEND DIV. OF TETRON
6600 S. OAK PK AVE, CHICAGO, IL 60638

4. Generator's Phone (312) 1735-1134

5. Transporter 1 Company Name

ENVIRTE

6. US EPA ID Number

1LD000666206

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

ENVIRTE
16435 CENTER AVE
HARVEY, IL

10. US EPA ID Number

1LD000666206

Illinois Manifest Document Number

IL-1120127

Illinois

Generator's

ID

Illinois

Transporter's ID

Illinois

Transporter's ID

Illinois

Facility's

ID

Illinois

Facility's Phone

Illinois

Facility's Phone

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Facility's Phone

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Facility's Phone

Illinois

Facility's Phone

Illinois

Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type13. Total
Quantity14. Unit
Wt/Vol

15. Waste No.

a. WASTE CYANIDE SOLUTION N.O.S.
X POISON B UN 1935

001 TT

2600

1

000057

b.
c.
d.

J. Additional Descriptions for Materials Listed Above

WEIGHT 25,000 lbs.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described
above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition
for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Printed/Typed Name

MICHAEL BERG

Signature

Michael Berg

Date

Month Day Year
10/03/84

Date

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

CALVIN J DEVRIES

Signature

Calvin J Devries

Month Day Year

10/03/84

Date

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10/03/84

Date

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in
Item 19.

Printed/Typed Name

WILLIAM C LAOWIA

Signature

William C Laowia

Date

Month Day Year
10/03/84

Date

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-21

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. 5

GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not more than \$25,000 per day of violation. Fabrication of the information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679212

Authorizator Number: 993019

Company Name: TOWNSHIP OF TAYLOR Address: 6600 So. Oak Park Phone Number: 312-735-1124 Generator Number: 0316000561
City: CHICAGO State: IL Zip: 60632 EPA Number: 112042843854

WASTE HAULER(S)

Hauler Name: NORTH BRANCH Hauler Address: P.O. Box 1660 S.W.H. Registration Number: 0204008
Phone Number: 312-486-1818 EPA Number: 112093161495

Hauler Name: _____ Hauler Address: _____ S.W.H. Registration Number: _____
Phone Number: _____ EPA Number: _____

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Facility Name: REFINERY PRODS. Address: 4256 WISLEY Site Number: 03128502
City: SONILLER PARK State: IL Zip: 60176 Phone Number: 312-678-8262 EPA Number: 112000665786

Alternate (Facility Name): _____ Address: _____ Site Number: _____
City: _____ State: _____ Zip: _____ Phone Number: _____ EPA Number: _____

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: DEGREASER STILL WASTE WASTE PHASE: LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION

HAZARD CLASS:

HAZARDOUS WASTE ORM-E

NA9182
UN or NA Number

E001
EPA HW Number

WEIGHT FOR DOT USE _____ LBS TONS (circle one) _____ WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED 000900 GALLONS (Circle One) _____

METHOD OF SHIPMENT (Circle One) (DRUMS _____) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

[Signature]
(Authorized Signature)

DATE: 1-6-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) [Signature]
(Authorized Signature)
(2) _____
(Authorized Signature)

JAN 13 1984

DATE: 1/6/84
DATE: _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[Signature]
(Authorized Signature)

DATE: 01/06/84

NOTES OR SPECIAL INSTRUCTIONS

IN ILLINOIS: 217 / 782-3637 "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS" OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675
DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.
REV 8-4
This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$1,000.00 and/or additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

EPC 628/81
TO BE COMPLETED BY
WASTE GENERATOR

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0619610

Authorization Number: 940151
0316000561
Generator Number: 0360005
EPA Number: 11D 042843854

T. WIND/TEXTROL 664 S Oak Park 3127351134
(Company Name) Address Phone Number
Chicago ILL 60635
City State Zip

WASTE HAULER(S)

DEWEY CHEMICAL 2537 LEMOYNE MILROCK PK S.W.H. Registration Number: 02971001
Hauler Name Hauler Address Phone Number: 3123453806 EPA Number: 11D 042843854

S.W.H. Registration Number: 32
EPA Number: 32

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

DEWEY CHEMICAL 2537 LEMOYNE 03118603
(Facility Name) Address Site Number
MILROCK PK ILL 60100 3123453806 11D 074424938
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME TRICHLOROETHYLENE WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION

HAZARD CLASS:

TRICHLOROETHYLENE ORM-A-R/D UN1847 F001
UN or NA Number EPA HW Number

WEIGHT FOR DOT USE 3,500 TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED 000330 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS 6)
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond Buzek
(Authorized Signature)

DATE 4/10/84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Richard Fuentes
(Authorized Signature)
(2) _____
(Authorized Signature)

DATE 04/10/84
DATE _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Jeffrey P. Phillips
(Authorized Signature)

DATE 04/10/84

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679217

Authorization Number 940151

Waste Generator: WILSON/THITON 66W S Oak Park 3127351134 0316000561
(Company Name) Address Phone Number State Generator Number
CHICAGO ILL. 60638 ILD042843854
City State Zip EPA Number

WASTE HAULER(S)

Hauler 1: DETREX CHEM. 2537 LEMOYNE MELROSE PARK S.W.H. Registration Number: 0297001
Hauler Name Hauler Address Phone Number EPA Number
3123453806 112074424938

Hauler 2: _____ S.W.H. Registration Number: _____
Hauler Name Hauler Address Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Facility Name: DETREX CHEM. Address: 2537 LEMOYNE Site Number: 03118603
City: MELROSE PARK State: ILL. Zip: 60160 Phone Number: 3123453806 EPA Number: 112074424938

Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: TRICHLOROETHYLENE WASTE PHASE: LIQUID
(Liquid Gaseous Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION

HAZARD CLASS

TRICHLOROETHYLENE ORGANIC LIQ UN 1710 F001
UN or NA Number EPA HW Number

WEIGHT FOR DOT USE: 3,000 LBS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU YDS OR GAL QUANTITY OF WASTE DELIVERED: 000275 GALLONS (Circle One) 2 CU YDS

METHOD OF SHIPMENT (Circle One) (DRUMS 5 Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond B. Bugh
(Authorized Signature)

DATE 5-7-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED.

(1) Richard Fuentes
(Authorized Signature)

DATE 05/07/84

(2) _____
(Authorized Signature)

DATE _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Jeffrey P. Phillips
(Authorized Signature)

DATE 05/07/84

COMMENTS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS 800 / 424-8802 or 202 / 426-2575

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

REV #4 GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Farm Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991752

Authorization Number 940151

0316000561

UNSEND/TERMINAL 6600 S. Oak Park 312 735 1134 ILD 04284
(Company Name) Address Phone Number
Chicago IL 60638 ILD 042843854
City State Zip EPA Number

WASTE HAULER(S)

DETREY Chem. 2537 Le Moyné 312 245 3806 ILD 074424938
Hauler Name Hauler Address Phone Number EPA Number

S.W.H. Registration Number 0297001

S.W.H. Registration Number 32

Hauler Name Hauler Address Phone Number EPA Number

DETREY Chem. 2537 Le Moyné 03118603
(Facility Name) Address Site Number

Harlow Park IL 60160 312 245 3806 ILD 074424938
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME TRICHLOROETHYLENE

WASTE PHASE: Liquid
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION

HAZARD CLASS:

TRICHLOROETHYLENE ORM-A RQ UN1710 F001
UN or NA Number EPA HW Number

WEIGHT FOR D.O.T. USE 3,000 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL QUANTITY OF WASTE DELIVERED: 000 275 0 52 1 53
GALLONS (Circle One) CU. YDS

METHOD OF SHIPMENT (Circle One) (DRUMS 5) TANK TRUCK OPEN TRUCK OTHER (Specify) _____
Number

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond E. [Signature]
(Authorized Signature)

DATE: 6-4-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Richard [Signature]
(Authorized Signature)

DATE: 06/04/84

(2) _____
(Authorized Signature)

DATE: 1/1/

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[Signature]
(Authorized Signature)

DATE: 06/04/84

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. 8-4 This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991755

Authorization Number 940151

1. WISCONSIN/STRAIN 660 S. Oak Park 312 735 1134 0316000541
(Company Name) Address Phone Number Generator Number
CH. meo IL 60638 ILD042843854
City State Zip EPA Number

WASTE HAULER(S)

DETREX Chem. 2537 LEMOYNE 312 345 3806 ILD074424938
Hauler Name Hauler Address Phone Number EPA Number
S W H Registration Number 0297001

Hauler Name Hauler Address Phone Number EPA Number
S W H Registration Number

2. DETREX Chem. 2537 LEMOYNE 03118603
(Facility Name) Address Site Number
HEPROSO P/L IL 60160 312 345 3806 ILD074424938
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY WASTE GENERATOR
WASTE NAME: TRICHLOROETHYLENE WASTE PHASE: LIQUID
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW
(Liquid, Gaseous, Solid)
SHIPPING DESCRIPTION: TRICHLOROETHYLENE HAZARD CLASS: UN1710 EPA HW Number: F001
WEIGHT FOR D.O.T. USE: 3600 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000330
GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS 6) TANK TRUCK OPEN TRUCK OTHER (Specify) _____
THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Raymond Buzal DATE 7-2-84
(Authorized Signature)

WASTE HAULER
I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:
(1) Dennis R. Butts DATE 07/02/84
(Authorized Signature)
(2) _____ DATE _____
(Authorized Signature)

DISPOSAL, STORAGE, OR TREATMENT FACILITY*
I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:
Gray P. Phillips DATE 07/02/84
(Authorized Signature)

COMMENTS OR SPECIAL INSTRUCTIONS:
24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS
IN ILLINOIS: 217 / 782-3637 OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675
DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR
REV. # 4 GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.
This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

100-443887-100

(Form designed for use on nine (12-pitch) typewriter)

IN ILLINOIS: 217 / 782-3637

*24 HOUR EMERGENCY AND SPELL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS 217/762-3631		PART - 3 FACILITY		PART - 4 TRANSPORTER	PART - 5 IEPA	PART - 6 GENERATOR
DISTRIBUTION PART - 1 GENERATOR		PART - 2 IEPA		PART - 4 TRANSPORTER COMPLETED		

REV # 5

GENERATOR COPY - PART 1: DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.
This Agency is authorized to require, pursuant to 5 U.S.C. Revised Statutes, 1983 Chapter 1111j Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Group.

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

TO: ISOM/THORON 6600 S. Oak Park 312 735 1134 0316000561
(Company Name) Address Phone Number Generator Number
Chicago ILL. 60638 212042843854
City State Zip EPA Number

WASTE HAULER(S)
NORTH BRANCH P.O. Box 1660 312 486 1818 0204003
Hauler Name Hauler Address Phone Number S.W.H. Registration Number
WAST OIL ILL. 60638 212042843854
City State Zip EPA Number

DESTINATION DISPOSAL STORAGE OR TREATMENT SITE
REFINERY PRODS. 4256 W. 1st 03128502
(Facility Name) Address Site Number
SHILLER PARK ILL. 60763126788262 ILLD000665786
City State Zip Phone Number EPA Number

WASTE NAME LUBRICATING OIL WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:
SHIPPING DESCRIPTION HAZARD CLASS
PETROLEUM OIL NOS. COMBUSTIBLE NA1220
UN or NA Number EPA HW Number

WEIGHT FOR DOT USE 000625 LBS TONS (circle one) QUANTITY OF WASTE DELIVERED 000625 GALLONS (Circle One) 2 CU. YDS.
METHOD OF SHIPMENT (Circle One) (DRUMS Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Richard Smith DATE 6-6-84
(Authorized Signature)

WASTE HAULER I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED
(1) Richard Smith DATE 06/06/84
(Authorized Signature) (2) _____ DATE _____
(Authorized Signature)

DISPOSAL, STORAGE, OR TREATMENT FACILITY* HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____
I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:
John Van Hoesen DATE 0606184
(Authorized Signature)

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675
IN ILLINOIS: 217 / 782-3637
DISTRIBUTION PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART - 6 GENERATOR
GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.
REV. # 4
This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.



217/782-6761

Certified # P 731 918 429

Refer to: 0316640010 -- Cook County
Chicago/Textron, Inc.
ILD042843854

COMPLIANCE INQUIRY LETTER

August 2, 1985

Mr. William J. Ledbetter
Textron, Inc.
40 Westminster Street
Providence, Rhode Island 02903

Dear Mr. Ledbetter:

The purpose of this letter is to address the status of the above-referenced facility in relation to the requirements of 35 Ill. Adm. Code, Part 725 Subparts G and H and to inquire as to your position with respect to the apparent violations identified in Attachment A and your plans to correct these apparent violations. The Agency's findings of apparent non-compliance listed in Attachment A are based on a July 8, 1985 review of documents submitted to the Agency to demonstrate compliance with the requirements of Subparts G and H.

Please submit in writing, within fifteen (15) calendar days of the date of this letter, the reasons for the identified violations and a description of the steps which have been taken to correct the identified violations. The written response should be sent to the following:

Mark A. Haney, Manager
Facilities Compliance Unit
Compliance Monitoring Section
Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road
Springfield, Illinois 62706

Further, take notice that non-compliance with the requirements of the Illinois Environmental Protection Act and rules and regulations adopted thereunder may be the subject of enforcement action pursuant to either the Illinois Environmental Protection Act, Ill. Rev. Stat., Ch. 111 1/2, Sec. 1001 et seq. or the federal Resource Conservation and Recovery Act (RCRA), 42 U.S.C. Sec. 6901 et seq.

got to Tom at Oct 8th at 10:00 AM

RECEIVED

AUG 06 1985

W. J. L

Tom Galy

312-286-4568

8/6
ACS
Deane Hamlin

U.S. EPA



Page 2

If you have any questions regarding the above, please contact Andy Vollmer at 217/782-9884.

Sincerely,

Mark A. Haney, Manager
Facilities Compliance Unit
Compliance Monitoring Section
Division of Land Pollution Control

MAH:MT:ba/1743e/29-30

cc: Division File
Northern Region
Don Gimbel
Andy Vollmer
Michelle Tebrugge

3:26 PM
call Mark Haney - 9-28
Andrew
Mike
BSS
ASall



Attachment A

1. Pursuant to 35 Ill. Adm. Code 725.212(a), by May 19, 1981, the owner or operator must have a written closure plan. A copy of the closure plan and all revisions must be kept at the facility until closure is completed and certified. The closure plan must include at least:
 - a. A description of how and when the facility will be partially closed, if applicable, and finally closed. The plan must identify how the requirements of Sections 725.211, 725.213, 725.214 and 725.215 and applicable requirements of 725.297, 725.328, 725.380, 725.410, 725.451, 725.481 and 725.504 will be met;
 - b. An estimate of the maximum inventory of wastes in storage and in treatment at any time during the life of the facility;
 - c. A description of the steps needed to decontaminate facility equipment during closure;
 - d. An estimate of the expected year of closure and a schedule for final closure;
 - e. A provision for closure certification by an independent registered professional engineer.

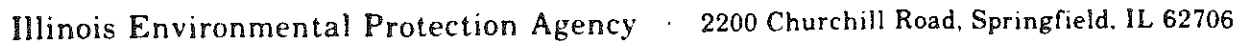
You are in apparent violation of 35 Ill. Adm. Code 725.212(a) for the following reason(s): The closure plan as submitted fails to meet the requirements of all of the above.

2. Pursuant to 35 Ill. Adm. Code 725.242(a), the owner or operator must prepare a written estimate, in current dollars, of the cost of closing the facility in accordance with the closure plan as specified in Section 725.212. You have failed to provide a closure cost estimate as required. The closure cost estimate must equal the cost of closure at the point in the facility's operating life when the extent and manner of its operation would make closure the most expensive, as indicated by its closure plan. You are in apparent violation of 35 Ill. Adm. Code 725.242(a) for the following reason(s): Failure to submit a closure cost estimate as indicated by its closure plan.
3. Pursuant to 40 CFR 265.143 (as incorporated by reference in 35 Ill. Adm. Code 725.243), an owner or operator of each facility must establish financial assurance for closure of the facility. You have failed to provide adequate documentation demonstrating compliance with this section. You are in apparent violation of 35 Ill. Adm. Code 725.243 for the following reason(s): The Financial Test for 1984 should list the amount of \$10,000 for financial assurance, at the Townsend Division facility, under closure, not post-closure.

Illinois forms are enclosed for your re-submission.

MAH:MT:ba/1743e/31

Enclosure



Refer to: 0316640010 -- Cook County
Chicago/Textron, Inc.
ILD042843854

RECEIVED

1070 1985

W. J. L.

Dear Mr. Ledbetter:

The Agency has previously informed Textron, Inc. of apparent violations of the Illinois Environmental Protection Act and/or rules and regulations adopted thereunder. These apparent violations are set forth in Attachment A of this letter.

As a result of these apparent violations, it is our intent to refer this matter to the Agency's legal staff for the preparation of a formal enforcement case. The Agency's legal staff will, in turn, refer this matter to the Office of Attorney General or to the United States Environmental Protection Agency for the filing of a formal complaint.

Prior to taking such action, however, you are requested to attend a Pre-Enforcement Conference to be held at the Division of Land Pollution Control, 2200 Churchill Road, Springfield, Illinois 62706. The purpose of this Conference will be:

1. To discuss the validity of the apparent violations noted by Agency staff, and
2. To arrive at a program to eliminate existing and/or future violations.

You should, therefore, bring such personnel and records to the conference as will enable a complete discussion of the above items. We have scheduled the Conference for November 8, 1985, at 10:00 a.m. If this arrangement is inconvenient, please contact Andy Vollmer at 217/782-9884 to arrange for an alternative date and time.



Page 2

In addition, please be advised that this letter constitutes the notice required by Section 31(d) of the Illinois Environmental Protection Act prior to the filing of a formal complaint. The cited Section of the Illinois Environmental Protection Act requires the Agency to inform you of the charges which are to be alleged and offer you the opportunity to meet with appropriate officials within thirty days of this notice date in an effort to resolve such conflict which could lead to the filing of formal action.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael F. Nemevatal".

Michael F. Nemevatal, Manager
Compliance Monitoring Section
Division of Land Pollution Control

MFN:MT:rd2066E/7-8

Attachment

cc: Division File
Northern Region
Don Gimbel
Gary King
Paul Jagiello
Andy Vollmer
Michelle Tebrugge



Attachment A

1. Pursuant to 35 Ill. Adm. Code 725.212(a), by May 19, 1981, the owner or operator must have a written closure plan. A copy of the closure plan and all revisions must be kept at the facility until closure is completed and certified. The closure plan must include at least:
 - a. A description of how and when the facility will be partially closed, if applicable, and finally closed. The plan must identify how the requirements of Sections 725.211, 725.213, 725.214 and 725.215 and applicable requirements of 725.297, 725.328, 725.380, 725.410, 725.451, 725.481 and 725.504 will be met;
 - b. An estimate of the maximum inventory of wastes in storage and in treatment at any time during the life of the facility;
 - c. A description of the steps needed to decontaminate facility equipment during closure;
 - d. An estimate of the expected year of closure and a schedule for final closure;
 - e. A provision for closure certification by an independent registered professional engineer.

You are in apparent violation of 35 Ill. Adm. Code 725.212(a) for the following reason(s): The closure plan as submitted fails to meet the requirements of all of the above.

2. Pursuant to 35 Ill. Adm. Code 725.242(a), the owner or operator must prepare a written estimate, in current dollars, of the cost of closing the facility in accordance with the closure plan as specified in Section 725.212. You have failed to provide a closure cost estimate as required. The closure cost estimate must equal the cost of closure at the point in the facility's operating life when the extent and manner of its operation would make closure the most expensive, as indicated by its closure plan. You are in apparent violation of 35 Ill. Adm. Code 725.242(a) for the following reason(s): Failure to submit a closure cost estimate as indicated by its closure plan.
3. Pursuant to 40 CFR 265.143 (as incorporated by reference in 35 Ill. Adm. Code 725.243), an owner or operator of each facility must establish financial assurance for closure of the facility. You have failed to provide adequate documentation demonstrating compliance with this section. You are in apparent violation of 35 Ill. Adm. Code 725.243 for the following reason(s): The Financial Test for 1984 should list the amount of \$10,000 for financial assurance, at the Townsend Division facility, under closure, not post-closure.



Please print or type

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404, Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD 042843854	Manifest Document No. 1	2. Page 1 of	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address Townsend Textile Co. 6600 S. Oak Park Ave. Bedford Park, IL 60638				A. Illinois Manifest Document Number IL 1148563	
4. Generator's Phone (312) 735-1134				B. Illinois Generator's ID 0316640010	
5. Transporter 1 Company Name Gold Shield Solvents		6. US EPA ID Number ILD 074424938		C. Illinois Transporter's ID 0297	
7. Transporter 2 Company Name		8. US EPA ID Number		D. (312) 345-3806 Transporter's Phone	
9. Designated Facility Name and Site Address Gold Shield Solvents 2537 LeMoynes Melrose Park, IL 60160		10. US EPA ID Number ILD 074424938		E. Illinois Transporter's ID F. () Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol
a. R/Q Spent Trichloroethylene ORM-A, UN1710		36 DM		1744	1
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above	
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.					
Printed/Typed Name DINARD GLIDENWELL				Signature [Signature]	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date Month Day Year 3 26 85	
Printed/Typed Name [Name]				Signature [Signature]	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date Month Day Year	
Printed/Typed Name				Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name				Signature	
				Date Month Day Year	



ENVIRITE
18435 CENTER AVENUE
HARVEY, IL 60428

CORPORATION

**BILL OF
LADING**

H - 10,700

ORIGIN Chicago, IL
D. INATION HARVEY, IL
CONSIGNOR Townsend Div. of Textron H#1053
COMMODITY Waste Alkaline with Cyanide
9.50 LB/GAL MAX LOAD: 46 INCHES
PLACARD: Poison UN/NA #: UN1935

PICKUP DATE 5/8/85
PICKUP TIME before 2:20 or 3 P.M.
CONSIGNEE ENVIRITE
QUANTITY
EST. 1200 GAL.
R.T. MILEAGE 46

ASK LOADER TO VERIFY PRODUCT SHOWN ABOVE

TRACTOR 65 TRAILER/TYPE Stainless Steel DRIVER Rod
☒ VAC. PUMP 90' of 3" FT. HOSE OTHER EQUIPMENT: 3" strainer

DRIVERS MUST USE SPECIFIED SAFETY EQUIPMENT & PROCEDURES

ACID SUIT FACE SHIELD HARD HAT RUBBER GLOVES SAFETY WATER GAS MASK
OTHER

IF PRODUCT TEMPERATURE IS OVER 110 °F, CALL **ENVIRITE**

ARRIVAL AT CUSTOMER 12 45 A.M. P.M.
DEPARTED CUSTOMER 1 25 A.M. P.M.
☐ DRUM VACUUMING *
TOTAL TIME 45 Hrs. 45 Min.

THIS IS TO CERTIFY THAT THE ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

REASON FOR DELAY:

TOTAL CUSTOMER TIME IN EXCESS OF ONE HOUR WILL BE BILLED AT THE CONTRACT RATE
* DRUM VACUUMING WILL BE BILLED PER CONTRACT

GENERATOR SIGNATURE: Ronald Chelwell

SIGNATURE ACKNOWLEDGES STATEMENT AS CORRECT

WHITE-CORPORATE / CANARY-OFFICE / PINK-TRANSPORTER / GOLDENROD-CUSTOMER



EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404 Expires 7-31-86

Please print or type

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD042843754	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address TOWNSEND METRON 6600 S. OAK PARK AVE. CH. IL. 60638				A. Illinois Manifest Document Number IL 1245571	
4. Generator's Phone (312) 735 1135				B. Illinois Generator's ID 0316640010	
5. Transporter 1 Company Name FARMITE CORP.				C. Illinois Transporter's ID 1011	
6. US EPA ID Number JLD000666206				D. (212) 576-7040 Transporter's Phone	
7. Transporter 2 Company Name				E. Illinois Transporter's ID	
8. US EPA ID Number				F. () Transporter's Phone	
9. Designated Facility Name and Site Address FARMITE CORP. 1645 CASTER HARVEY, ILL. 60426				G. Illinois Facility's ID 0311110010	
10. US EPA ID Number JLD000666206				H. Facility's Phone (312) 576-7040	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity
a. <input checked="" type="checkbox"/> CYANIDE SOLUTION N.O.S. POSITION 6 ON 1925				001 TT	01,200
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WEIGHT. 11,400 LBS.				K. Handling Codes for Wastes Listed Above In Item #14: 1 = Gallons 2 = Cubic Yards	
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.					
Printed/Typed Name DONALD ELIDEWELL				Signature Donald Elidewell	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date 02-08-85	
Printed/Typed Name RONALD VLEDMAN				Signature Ronald Vledman	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date 02-08-85	
Printed/Typed Name				Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name				Signature	
				Date Month Day Year	

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

IEPA COPY - PART 5



Please print or type

(Form designed for use on site (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILLD 042843854	Manifest Document No. 1	2. Page 1 of	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address Towlesend/Texttron Co. 6600 S. Oak Park Ave. Bedford Park, IL 60638				A. Illinois Manifest Document Number IL 1148563		
4. Generator's Phone (312) 735-1134				B. Illinois Generator's ID 0316640010		
5. Transporter 1 Company Name Gold Shield Solvents				C. Illinois Transporter's ID 02971		
6. US EPA ID Number ILLD 074424938				D. (312) 345-3806 Transporter's Phone		
7. Transporter 2 Company Name				E. Illinois Transporter's ID		
8. US EPA ID Number				F. () Transporter's Phone		
9. Designated Facility Name and Site Address Gold Shield Solvents 2537 LeMoyné Melrose Park, IL 60160				G. Illinois Facility's ID 0311860003		
10. US EPA ID Number ILLD 074424938				H. Facility's Phone (312) 345-3806		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type	13. Total Quantity	
a. R/Q Spent Trichloroethylene ORM-A, UN1710				36 DM	1944	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.						
Printed/Typed Name X DONALD GLIDEWELL				Signature X Donald Glidewell	Date X 3 26 85	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name X DENNIS BUTLER				Signature X Dennis Butler	Date X 03 26 85	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date		
Printed/Typed Name				Signature	Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name DONNA M. COOK				Signature Donna M. Cook	Date 3 26 85	



Textron Inc.

40 Westminster Street
Providence, R.I. 02903
401/421-2800

August 13, 1985

Mark A. Haney, Manager
Facilities Compliance Unit
Compliance Monitoring Section
Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road
Springfield, IL 02706

Reference No.: 0316640010—Cook County
Chicago/Textron Inc.
ILD042843854

Dear Mr. Haney:

I spoke with Andy Vollmer today of your offices regarding this matter. I explained to Mr. Vollmer that Textron's attorney who handles the environmental matters is away from the office on Army Reserve Active Duty for two weeks and the plant manager for Townsend is away at a two week seminar. Based upon the foregoing, we are unable to prepare a response to your August 2, 1985 Compliance Inquiry Letter. I asked Mr. Vollmer to grant us a 3-4 week extension of time to prepare the appropriate response. Mr. Vollmer instructed me to prepare this letter, explaining the above facts and our intent to prepare and submit a response to your letter in 3-4 weeks.

If you have any questions regarding the above, please contact me.

Sincerely,

S/

Susannah Hillery Blood
Product Liability Specialist

SHB:dmp

bcc: Andrew C. Spacone - Corporate
Malcolm M. Wilson - Townsend
Dale Barnard - Townsend/Braintree
Don Stetson - Townsend/Braintree

TO
Townsend Fastening Systems
Townsend Division of Textron Inc.

1984

Illinois Environmental Protection Agency
Division of Land Pollution Control
Permit Section - Financial Assurance
2200 Churchill Road
Springfield, Illinois 62706

Attn: Mr. Andrew A. Vollmer

Re: Townsend Division of Textron Inc.
03166410 - Cook County - Chicago/Textron
ILD 042843854/Log #FA 129

Dear Mr. Vollmer:

Enclosed please find two copies of our current Closure Plan for the Chicago Facility of Townsend Division of Textron, Inc., as requested in your letter dated March 9, 1984 addressed to William J. Ledbetter of Textron.

Should you require any additional information regarding our Closure Plan, please contact me directly.

Very truly yours,

Townsend Division of Textron, Inc.

Howard O. Molt

Howard O. Molt
Plant Manager

cc: Paul J. Bergman (w/Enclosure)
John Canty (w/Enclosure)

HOM:cz

TOWNSEND/TEXTRON
6600 SOUTH OAK PARK AVENUE
CHICAGO, ILLINOIS 60638

CLOSURE PLAN

In the event of a plant closing, the following action is to be taken to insure all hazardous chemicals, solutions, containers and waste are properly disposed of prior to vacating the premises.

1. Contact prospective reputable users of chemicals and plating solutions to purchase saleable items.
2. Any purchased chemicals are to be pumped into and sealed into proper approved containers and shipped to buyer via reputable hauler.
3. All transactions of saleable items are to be documented as follows:
 - a. Chemical or solution type (if solution analysis)
 - b. Quantity of chemical or solution.
 - c. Type of container
 - d. Company or person sold to (Name, address, telephone number, permit #)
 - e. Hauler (Manifest)
 - f. Date of transaction.
4. Any non-saleable chemicals and solutions are to be neutralized, if possible, pumped into holding tank analyzed and disposed of by a reputable hauler.
5. All now empty tanks and containers are to be filled with water, again neutralized, drained (pump into holding tank) and rinsed.
6. All containers are to be properly disposed of.
7. All tanks, containers and equipment are to be inspected. No hazardous material is to remain on these premises if left unattended.

Textron Inc.

40 Westminster Street
Providence, R.I. 02903
401/421-2800

March 30, 1984

Andrew A. Vollmer
Illinois Environmental Protection Agency
Division of Land Pollution Control
Permit Section-Financial Assurance
2200 Churchill Road
Springfield, IL 62706

Re: Townsend Division of Textron Inc.
03166410 - Cook County - Chicago/Textron
ILD 042843854/Log #FA 129

Dear Mr. Vollmer:

Thank you for your letter dated March 9, 1984 addressed to William J. Ledbetter of Textron. In compliance with the State of Illinois 35 Ill. Adm. Code 725, we are hereby enclosing the following:

- (1) Letter from Textron's Chief Financial Officer which demonstrates the financial test for liability coverage (sudden and non-sudden) and assurance of closure care (with Exhibit B);
- (2) Letter dated March 28, 1984 from Arthur Young and Company as to the financial information contained in the letter referenced to in paragraph (1) above;
- (3) A copy of the 1983 Annual Report of Textron Inc., containing a report by Arthur Young and Company on Textron's financial statements for the fiscal year ended December 31, 1983.

We have noted in your letter that you have requested two copies of our updated closure plan (this request pertains to our Townsend Division). We have communicated to Townsend that they are to send these copies directly to your attention.

If you require anything additional, please let me know.

Very truly yours,

James M. Barr
James M. Barr
Insurance Analyst

TMB/sc

Enclosures

cc: Susann Mark - Corporate (w/enclosures)
Paul J. Bergman - Townsend (w/enclosures) ✓
H. A. Schult - Arthur Young & Company (w/enclosures)
John Canty - Corporate (w/out enclosures)

Howard
I assume you have
taken care of this - right?
Paul
4/5/84

LETTER FROM CHIEF FINANCIAL OFFICER

(To demonstrate liability coverage and/or to demonstrate
both liability coverage and assurance of closure
and/or post-closure care.)

Director
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Dear Sir or Madam:

I am the chief financial officer of Textron Inc., 40 Westminster Street, Providence, RI 02903

This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure care

as specified in Subpart H of 40 CFR Parts 264 and 265 and/or Subpart H of 35 Illinois
Administrative Code Parts 724 and 725.

The owner or operator identified above is the owner or operator of the following facilities for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265 and/or tests equivalent or substantially equivalent, and/or Subpart H of 35 Illinois Administrative Code Parts 724 and 725:

USEPA I.D. No. ILD042843854
Name Townsend Division of Textron Inc.
Address 6600 Oak Park Avenue, Chicago, Illinois 60638

Please attach a separate page if more space is needed for all facilities.

See Instruction (4)

1. This firm is the owner or operator of the following facilities for which financial assurance for closure and/or post-closure care is demonstrated through the financial test specified in Subpart H of 35 Ill. Adm. Code Parts 724 and 725. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: (LIST ALL THE ILLINOIS FACILITIES USING THE FINANCIAL TEST)

USEPA I.D. No.	Closure Amount (6)	Post-Closure Amount (7)	Closure and Post-Closure Amounts (8)
<u>ILD042843854</u>			
Name <u>Townsend Division of Textron Inc.</u>			
Address <u>6600 Oak Park Avenue</u>	<u>\$1,050</u>	<u>N/A</u>	<u>\$1,050</u>
City <u>Chicago, Illinois 60638</u>			
USEPA I.D. No. _____			
Name <u>None</u>			
Address _____			
City _____			

Please attach a separate page if more space is needed for all facilities.

2. This firm guarantees, through the corporate guarantee specified in Subpart H of 35 Ill. Adm. Code Parts 724 and 725, the closure and/or post-closure care of the following facilities owned or operated by subsidiaries of this firm. The current cost estimates for closure and/or post-closure care so guaranteed are shown for each facility: (LIST ALL THE ILLINOIS FACILITIES USING THE CORPORATE GUARANTEE)

USEPA I.D. No. (5)	Closure Amount (6)	Post-Closure Amount (7)	Closure and Post-Closure Amounts (8)
Name <u>None</u>			
Address _____			
City _____			
USEPA I.D. No. _____			
Name <u>None</u>			
Address _____			
City _____			

Please attach a separate page if more space is needed for all facilities.

3. For states other than Illinois this owner or operator or guarantor is demonstrating financial assurance for the closure or post-closure care of the following facility through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility: (LIST ALL FACILITIES WHICH ARE NOT IN ILLINOIS BUT ARE SUBJECT TO A STATE OR FEDERAL FINANCIAL ASSURANCE REQUIREMENT THAT ARE ASSURED BY A FINANCIAL TEST OR CORPORATE GUARANTEE)

USEPA I.D. No. (5)	Closure Amount (6)	Post-Closure Amount (7)	Closure and Post-Closure Amounts (8)
Name <u>See Attached Exhibit B</u>			
Address _____			
City _____			
USEPA I.D. No. _____			
Name <u>See Attached Exhibit B</u>			
Address _____			
City _____			

Please attach a separate page if more space is needed for all facilities.

4. This firm is the owner or operator of the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is NOT demonstrated either to IEPA, USEPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent state mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: (LIST FACILITIES IN RCRA AUTHORIZED STATES WHERE THERE IS NO STATE FINANCIAL ASSURANCE REQUIREMENT)

PA I.D. No. (5)	Closure Amount (6)	Post-Closure Amount (7)	Closure and Post-Closure Amounts (8)
Name <u>None</u>			
Address _____			
City _____			

USEPA ID No _____

Name None _____

Address _____

City _____

Please attach a separate page if more space is needed for all facilities.

This owner or operator is required _____ to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year. (9)

The fiscal year of this owner or operator ends on December 31, 1983 *. The figures for the following items marked with an asterisk are derived from this owner's or operator's independently audited, year-end financial statements for the latest completed fiscal year, ended December 31, 1983. (10)

Part B. Closure or Post-Closure Care and Liability Coverage (See Instructions 14 and 15)

Alternative II

1. Sum of current closure and post-closure cost estimates (total of all cost estimates listed above)	\$ 2,056,517
2. Amount of annual aggregate liability coverage to be demonstrated	\$ 8,000,000
3. Sum of lines 1 and 2	\$ 10,056,517
4. Current bond rating of most recent issuance and name of rating service	A-3 Moody's
5. Date of issuance of bond	June 15, 1980
6. Date of maturity of bond	June 15, 2005
*7. Tangible net worth (if any portion of the closure or post-closure cost estimates is included in "total liabilities" on your financial statements you may add that portion to this line)	\$ 1,204,336,000
*8. Total assets in the U.S. (required only if less than 90% of assets are located in the U.S.)	\$ 1,824,000,000
	Yes No
9. Is line 7 at least \$10 million?	X /
10. Is line 7 at least 6 times line 3?	X /
*11. Are at least 90% of assets located in the U.S.?	/ X
If not, complete line 12.	X /
12. Is line 8 at least 6 times line 3?	/

Signature

William J. Ledbetter

Typed name

William J. Ledbetter

Title

Executive Vice President

Date

3/29/84

	<u>Location</u>	<u>EPA #</u>	<u>Closure Costs</u>	<u>Post Closure Costs</u>
Sheaffer Eaton	301 Avenue H Ft. Madison, IA	IAD005267745	\$ 18,564	
Homelite	Little Mountain Road Gastonia, NC 28052	NCD091249417	\$ 27,300	
Bridgeport Machines	500 Lindley Street Bridgeport, CT 06601	CTD0072134927	\$ 4,571	
	Atlantic Street Bridgeport, CT 06601	CTD00841320	\$ 410	
E-Z-Go	Marvin Griffin Road Augusta, GA 30913	GAD003302064	\$ 28,283	
Spencer Kellogg	6401 Chemical Road Baltimore, MD 21226	MDD069377042	\$ 81,900	
	400 Doremus Avenue Newark, NJ 07105	NJD092217892	\$ 54,600	
Bell Helicopter	600 E. Hurst Blvd. Ft. Worth, TX 76053	TXD980626006	\$581,927	
	Plant 5 Highway 360 Avenue K Grand Prairie, TX 75050	TXD000764498	\$614,850	
	Avenue Z at 5th St. Amarillo, TX 79120	TXD043160696	\$ 71,904	
Bell Aerospace	2221 Niagara Falls Blvd. Wheatfield, NY 52627	NYD002106276	\$188,916	
Townsend	P.O. Bos 6396 Columbia, SC 29260	SCD069326171	\$327,600	\$54,600
	6600 Oak Park Avenue Chicago, IL 60638	ILD042843854	\$ 1,092	

ARTHUR YOUNG

ARTHUR YOUNG & COMPANY
277 PARK AVENUE
NEW YORK, NEW YORK 10172

March 28, 1984

The Board of Directors
Textron Inc.

We have examined the consolidated financial statements of Textron Inc. for the year ended December 31, 1983 and have issued our report thereon dated February 7, 1984. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

We have read the letters dated March 28, 1984 from William J. Ledbetter, chief financial officer of Textron Inc., submitted to the Regional Administrators of the Environmental Protection Agency in support of the use of the financial test, as specified in Subpart H of 40 CFR Parts 264 and 265, to demonstrate financial assurance for closure and post-closure care of the Corporation's hazardous waste facilities at the locations listed in those letters.

In connection with Subpart H of 40 CFR Parts 264 and 265, we have compared the independently audited consolidated financial statements of Textron Inc. for the year ended December 31, 1983, the latest fiscal year, to the data in those letters indicated as being derived from such independently audited financial statements. In connection with this comparison, no matters came to our attention that caused us to believe that the specified data should be adjusted.

This report is solely to assist you in complying with the reporting requirements associated with the financial test, as specified in Subpart H of 40 CFR Parts 264 and 265, to demonstrate financial assurance for the closure and post-closure care and should not be referred to or used for any other purpose.

Arthur Young & Company



Please print or type

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404, Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.					
3. Generator's Name and Mailing Address TOWNSEND DIV. OF TEXTRON 6600 S. OAK PK AVE, CHICAGO, IL 60638				A. Illinois Manifest Document Number IL 1120127							
4. Generator's Phone (312) 1735-1134				B. Illinois Generator's ID 03116640010							
5. Transporter 1 Company Name ENVIRTE				C. Illinois Transporter's ID 110711							
6. US EPA ID Number 11LD000666206				D. (312) 596-7040 Transporter's Phone							
7. Transporter 2 Company Name				E. Illinois Transporter's ID							
8. US EPA ID Number				F. () Transporter's Phone							
9. Designated Facility Name and Site Address ENVIRTE 16435 CENTER AVE HARVEY, IL				G. Illinois Facility's ID 0311110991							
10. US EPA ID Number 11LD000666206				H. Facility's Phone (312) 596-7040							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		L. Waste No.	
a. HM WASTE CYANIDE SOLUTION N.O.S. X POISON B UN 1935				001 TT		2600		1		EPA HW Number F001 Authorization Number 000057	
b.										EPA HW Number Authorization Number	
c.										EPA HW Number Authorization Number	
d.										EPA HW Number Authorization Number	
J. Additional Descriptions for Materials Listed Above WEIGHT 25,000 lbs.								K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.											
Printed/Typed Name MICHAEL BERG								Signature <i>Michael Berg</i>		Date Month Day Year 10/03/84	
17. Transporter 1 Acknowledgement of Receipt of Materials								Signature <i>Calvin J Devries</i>		Date Month Day Year 10/03/84	
Printed/Typed Name CALVIN J DEVRIES								Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials								Signature		Date	
Printed/Typed Name								Signature		Date	
19. Discrepancy Indication Space											
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except-as noted in Item 19.											
Printed/Typed Name WILLIAM C LAOWIA								Signature <i>William C Laowia</i>		Date Month Day Year 10/03/84	

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5 GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

**TO BE COMPLETED BY
WASTE GENERATOR**

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991757

Authorization Number 000057

UNSEED DIVISION
OF TEXTRON
(Company Name)

6600 S. OAK PARK 312 735 1134 031 664 0010
Address Phone Number Generator Number

CHICAGO ILL 60638 ILD 042843854
City State Zip EPA Number

WASTE HAULER(S)

ENVIRITE CORP. 16435 CENTER
HARVEY, ILL.
Hauler Name Hauler Address

S.W.H. Registration Number 1071004

312 596 7040 ILD 000666206
Phone Number EPA Number

Hauler Name Hauler Address Phone Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

ENVIRITE CORP 16435 CENTER 031 111 0001
(Facility Name) Address Site Number

HARVEY ILL 60426 312 596 7040 ILD 000666206
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME: ALKALINE WITH CYANIDE

WASTE PHASE: LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

WASTE CYANIDE
SOLUTION A.D.S.

POISON B

UN1935
UN or NA Number

FO07
EPA HW Number

WEIGHT FOR D.O.T. USE 14,250 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 001500 1 GALLONS (Circle One) 1 CU. YDS.

METHOD OF SHIPMENT (Circle One) (DRUMS Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Mohamed B.
(Authorized Signature)

DATE: 9-14-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Ronald K. Kachman
(Authorized Signature)

DATE: 09/14/84

(2) _____
(Authorized Signature)

DATE: 1/1/84

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

McG Lodewig
(Authorized Signature)

DATE: 09/14/84

ENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

IN ILLINOIS: 217 / 782-3637

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 SITE PART - 4 HAULER PART - 5 IEPA PART 6 - GENERATOR

REV. # 4 GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATORSTATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

Authorization Number

0679213

722062

13

7. WISSEND/TEXTREX 6600 S. Oak Park 3127251134 0316000561 6
(Company Name) Address Phone Number Generator Number
Chicago IL 60632 112042843854
City State Zip EPA Number

WASTE HAULER(S)

BROWNING-FERRIS 5050 W Lake St Melrose Park 3123457050 112092122505
Hauler Name Hauler Address Phone Number EPA Number

S W H Registration Number

0107036

25 31

S W H Registration Number

32 38

Hauler Name

Hauler Address

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Chem-Clare 11800 S. Stony I. 60617 3126466242 112000608471
(Facility Name) Address City State Zip Phone Number EPA Number

Alternate (Facility Name)

Address

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATORWASTE NAME: PLATING WASTEWASTE PHASE: LIQUID

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

HAZARDOUS WASTE LIQUID ORH-ENA9189
UN or NA NumberF006
EPA HW NumberWEIGHT FOR
D.O.T. USELBS
TONS (circle one)WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.QUANTITY OF WASTE DELIVERED: 003000

47

52

GALLONS (Circle One)
CU. YDS. 1

53

METHOD OF SHIPMENT (Circle One)

(DRUMS _____)
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond Buzel
(Authorized Signature)DATE: 1-11-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED:(1) Michael J. Hoffman
(Authorized Signature)DATE: 01/11/84

54

59

(2) _____
(Authorized Signature)

DATE: _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO ☐

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

S. Belinsky
(Authorized Signature)DATE: 01/11/84

60

65

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000 and imprisonment up to one year. This form has been approved by the Forms Management Center.

JAN 16 1984

**TO BE COMPLETED BY
WASTE GENERATOR**

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679214

Authorization Number **922062**

IN. INTERMED/TRYTON 660 S. Oak Park 3127351134 0316000561
(Company Name) Address Phone Number Generator Number
CH. OWA ILL 60638 ILD042843854
City State Zip EPA Number

WASTE HAULER(S)

CROWNINL-FERRIS 5050 W. Lake St. Melrose 3123457050 0107037
Hauler Name Hauler Address Phone Number S.W.H. Registration Number
ILL 60617 3124411202 ILD097177505
City State Zip EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

CHEN-CLINE 11800 Stony Is. 03160051
(Facility Name) Address Site Number
CH. OWA ILL 60617 3124411202 ILD000608471
City State Zip Phone Number EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME: PLATING WASTE

WASTE PHASE: LIQUID

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: N.O.S.

HAZARD CLASS: ORM-E

HAZARDOUS WASTE LIQ ORM-E

DA9189
UN or NA Number

F006
EPA HW Number

WEIGHT FOR D.O.T. USE _____ LBS _____ TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 003000 1 GALLONS (Circle One) 1 CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS _____) TANK TRUCK

OPEN TRUCK

OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond Dwyer
(Authorized Signature)

DATE 2-24-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Frank Luff
(Authorized Signature)
(2) _____
(Authorized Signature)

DATE: 02/24/84

DATE: _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ✓ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

D. Jureyart
(Authorized Signature)

DATE: 02/24/84

REMARKS OR SPECIAL INSTRUCTIONS: _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

**TO BE COMPLETED BY
WASTE GENERATOR**

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679215

Authorization Number 922062

TOWNSEND/TUTTUN & SONS OK Park 3127351134 0316000561
(Company Name) Address Phone Number Generator Number
Chicago ILL 60638 ILD042843854
City State Zip EPA Number

WASTE HAULER(S)

BROWNING-FERRIS 5050 W. Lake St. Milwaukee PK S.W.H. Registration Number 0107037
Hauler Name Hauler Address Phone Number EPA Number
3123457080 ILD097777505

S.W.H. Registration Number 32

Hauler Name

Hauler Address

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Chem-Clare 11802 STONEY RD. 031600081
(Facility Name) Address Site Number
Chicago ILL 60617 3126466202 IL5000608471
City State Zip Phone Number EPA Number

~~Form 5000-608471~~ ~~ORANGE~~ ~~3126466202~~ ~~IL5000608471~~
Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME PLASTIC WASTE WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

HAZARDOUS WASTE - CORN-FL

NA9189
UN or NA Number

1006
EPA HW Number

WEIGHT FOR D.O.T. USE LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 003000 003000 003000
GALLONS (Circle One) CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS) Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond Degeh
(Authorized Signature)

DATE: 4-3-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

[Signature]
(Authorized Signature)
[Signature]
(Authorized Signature)

DATE: 0403/84

DATE: 11/11/84

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO ☐

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[Signature]
(Authorized Signature)

DATE: 04/03/84

REMARKS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART - 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. 8/4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

**TO BE COMPLETED BY
WASTE GENERATOR**

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991751

Authorization Number **922062**

TOWNSEND/TEXTRON **66 W. S. Oak Park** **312-735-1134** **0316000561**
(Company Name) Address Phone Number Generator Number
CH. INC. **ILL.** **60638** **112042843854**
City State Zip EPA Number

WASTE HAULER(S)

BROWNING-FERRIS **5050 W. Lake St. Melrose-Pk** **0107037**
Hauler Name Hauler Address S.W.H. Registration Number
312-2457050 **112097177505**
Phone Number EPA Number
S.W.H. Registration Number

CHEN-CLEAR **11800 STONEY IS.** **03160081**
(Facility Name) Address Site Number
CHICAGO **ILL.** **60617** **3126466202** **115000608471**
City State Zip Phone Number EPA Number
Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME **PLASTIC WASTE**

WASTE PHASE: **LIQUID**
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION: **N.O.S.** HAZARD CLASS: **HA9189** **F004**
HAZARDOUS WASTE LG. ORH-E UN or NA Number EPA HW Number
WEIGHT FOR D.O.T. USE **27,000** LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: **003000** *
GALLONS (Circle One)
2 CU. YDS. **1**

METHOD OF SHIPMENT (Circle One) (DRUMS Number) **TANK TRUCK** OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond B. Bugh
(Authorized Signature)

DATE: **5-22-84**

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION IS INDICATED:

(1) **John Ruff**
(Authorized Signature)
(2) _____
(Authorized Signature)

DATE: **052284**

DATE: **11**

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

D. Swartz
(Authorized Signature)

DATE: **052284**

COMMENTS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2F

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and on an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991753

Authorization Number 992019

INTERSTATE TRADING CO. INC. (Company Name) 4605 Oak Park Address 312-751-1134 Phone Number 216-660-5611 Generator Number 14 24
Chicago City Ill. State 60638 Zip 212042843854 EPA Number

WASTE HAULER(S)

NORTH BRANCH P.O. Box 1660 Hauler Name WAST OIL Hauler Address 212-861-818 Phone Number 112043111495 EPA Number
S.W.H. Registration Number 02046003

Hauler Name

Hauler Address

S.W.H. Registration Number 32

Phone Number

EPA Number

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE

REINIX PRODS. 4250 W. 1st (Facility Name) Address 312-850-2 Site Number 46
SHILOH PARK City Ill. State 607631278462 Phone Number 1120400665786 EPA Number

Alternate (Facility Name)

Address

Site Number 46

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME LIQUIDATION OIL

WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

PETROLEUM OIL NOS. COMBUSTIBLE UN or NA Number NA1270

EPA HW Number

WEIGHT FOR D.O.T. USE LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED 212 52 53 GALLONS (Circle One) CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS)
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Richard Smith
(Authorized Signature)

DATE: 6-6-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Richard Smith
(Authorized Signature)

DATE: 6-6-84

(2)
(Authorized Signature)

DATE:

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

DATE:

(Authorized Signature)

REMARKS OR SPECIAL INSTRUCTIONS:

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991754

Authorization Number 922062

TOWNSEND/TEXTRON 440 S. Oak Park 3127351134 0316000561
(Company Name) Address Phone Number Generator Number
CHICAGO IL 60638 ILD042843854
City State Zip EPA Number

WASTE HAULER(S)

BROWNIE FERRIS 5050 W. LAKE ST. McROSE OK 3123457050 0107036
Hauler Name Hauler Address Phone Number S.W.H. Registration Number
IL 60617 ILD097177505
City State Zip EPA Number

Hauler Name Hauler Address Phone Number S.W.H. Registration Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

CHEM-CLAR 11800 STONEY IS. 03160081
(Facility Name) Address Site Number
CHICAGO IL 60617 3126466202 ILT000608471
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME PLATING WASTE WASTE PHASE: LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION: N.O.S. HAZARD CLASS:

HAZARDOUS WASTE OR4-E NA9189 E006
UN or NA Number EPA HW Number

WEIGHT FOR D.O.T. USE 22000 LBS (circle one) TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 003006 GAL.ONS (Circle One) 2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One) (DRUMS Number) TANK TRUCK OPEN TRUCK OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Raymond Bayel (Authorized Signature) DATE: 6-29-84

WASTE HAULER I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Michael J. [Signature] (Authorized Signature) DATE: 6/29/84
(2) _____ (Authorized Signature) DATE:

DISPOSAL, STORAGE, OR TREATMENT FACILITY* HAZARDOUS WASTE SUBJECT TO FEE YES ✓ NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE: Cl. [Signature] (Authorized Signature) DATE: 06/29/84

REMARKS OR SPECIAL INSTRUCTIONS:

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991756
1 7

Authorization Number 922062
8 13

WASTE GENERATOR/HAULER 6600 S. Oak Park 3127351124 0316000561
(Company Name) Address Phone Number 14 Generator Number 24
Chicago IL 60638 ILD042842854
City State Zip EPA Number

WASTE HAULER(S)

HAULING FERRIS 5050 W. LAM- ST. MELROSE-IL S.W.H. Registration Number 0107036
Hauler Name Hauler Address 25 31
3123457050 ILD097177505
Phone Number EPA Number

Hauler Name Hauler Address Phone Number EPA Number
S.W.H. Registration Number 32 38

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

CHEN-CLARK 11800 STONEY IS. 03160081
(Facility Name) Address 39 Site Number 46

Chicago IL 60617 3126466202 IL100060847C
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address 39 Site Number 46
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME Plastic Waste WASTE PHASE Liquid
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION:

N.O.S.

HAZARD CLASS:

HAZARDOUS WASTE LIQ ORH-L

NA9189
UN or NA Number

E006
EPA HW Number

WEIGHT FOR D.O.T. USE 16000 LBS. TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE QUANTITY OF WASTE DELIVERED: 002000 0 1 GALLONS (Circle One) 2 CU. YDS. 53
CONVERTED TO CU. YDS. OR GAL. 52

METHOD OF SHIPMENT (Circle One)

(DRUMS Number)

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond B. B. (Authorized Signature)

DATE: 7-17-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Clarence Johnson (Authorized Signature)

DATE: 7/17/84 54 59

(2) (Authorized Signature)

DATE: 7/17/84

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES ☒ NO ☐

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

D. B. B. (Authorized Signature)

DATE: 07/17/84 60 65

REMARKS OR SPECIAL INSTRUCTIONS:

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679212

Authorization Number 993019

TURNERSON/TEXTRON 6600 S. Oak Park 312 735 1124 0316000561
(Company Name) Address Phone Number Generator Number
CHICAGO IL 60632 112042843854
City State Zip EPA Number

WASTE HAULER(S)

NORTH BRANCH P.O. Box 1660 312 486 1818 0204008
Hauler Name Hauler Address Phone Number S W H Registration Number
IL 60632 112093161495
State Zip EPA Number

Hauler Name Hauler Address Phone Number S W H Registration Number EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

REFINERY PRODS. 4256 WISLEY 03128502
(Facility Name) Address Site Number
SHILLER PARK IL 60176 312 678 8262 112000665786
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address Site Number
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME DEGREASER STILL WASTE WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW

SHIPPING DESCRIPTION:

HAZARD CLASS:

HAZARDOUS WASTE N.O.S. ORM-E NA 9182 1001
UN or NA Number EPA HW Number

WEIGHT FOR D.O.T. USE LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000900 1 GALLONS (Circle One) 2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS Number)

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

[Signature]
(Authorized Signature)

DATE: 1-6-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Jack Lightfoot
(Authorized Signature)
(2) _____
(Authorized Signature)

JAN 13 1984

DATE: 1/6/84
DATE: _____

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[Signature]
(Authorized Signature)

DATE: 01/06/84

REMARKS OR SPECIAL INSTRUCTIONS

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

**TO BE COMPLETED BY
WASTE GENERATOR**

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679216

Authorization Number: 940151

0316000561

Generator Number: 0360005

EPA Number: 31D 042843854

(Company Name)

Address

Phone Number

14

Generator Number

24

City

State

Zip

WASTE HAULER(S)

Hauler Name

Hauler Address

S W H Registration Number: 0297/001

25

74424988

Phone Number

EPA Number

S W H Registration Number: 32

38

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

(Facility Name)

Address

03118603

36

Site Number

40

City

State

Zip

Phone Number

EPA Number

Alternate (Facility Name)

Address

39

Site Number

40

City

State

Zip

Phone Number

EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME: TRICHLOROETHYLENE

WASTE PHASE: LIQUID

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

TRICHLOROETHYLENE ORM-A-R/D

1710
UN1847
UN or NA Number

FOU1
EPA HW Number

WEIGHT FOR D.O.T. USE: 3,500 BS TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 000330

1 GALLONS (Circle One)
2 CU. YDS.

METHOD OF SHIPMENT (Circle One)

(DRUMS 6 Number)

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond B. Buzich
(Authorized Signature)

DATE: 4/10/84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Richard Fuentes
(Authorized Signature)

DATE: 04/10/84

(2) _____
(Authorized Signature)

DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Jeffrey P. Phillips
(Authorized Signature)

DATE: 04/10/84

REMARKS OR SPECIAL INSTRUCTIONS:

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

REV. # 4

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

**TO BE COMPLETED BY
WASTE GENERATOR**

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0679217

Authorization Number 940151

WILSON/TEXTRON 66W S. Oak Park 3127351134 0316000561
(Company Name) Address Phone Number 14 Generator Number 24
CHICAGO ILL. 60638 ILD042843854
City State Zip EPA Number

WASTE HAULER(S)

DETREX CHEM. 2537 LEMOYNE MILROSE PARK S.W.H. Registration Number 029700
Hauler Name Hauler Address 25 31
3123453806 ILD074424938
Phone Number EPA Number

Hauler Name Hauler Address Phone Number EPA Number
S.W.H. Registration Number 32 38

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

DETREX CHEM. 2537 LEMOYNE 03118603
(Facility Name) Address 39 Site Number 46
MILROSE PARK ILL. 60160 3123453806 ILD074424938
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address 39 Site Number 46
City State Zip Phone Number EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME TRICHLOROETHYLENE WASTE PHASE LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION:

HAZARD CLASS:

TRICHLOROETHYLENE ORM-H-R/Q UN 1710 F001
UN or NA Number EPA HW Number

WEIGHT FOR D.O.T. USE 3,000 LBS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000275 * 1 GALLONS (Circle One)
2 CU YDS 53

METHOD OF SHIPMENT (Circle One) (DRUMS 5) TANK TRUCK OPEN TRUCK OTHER (Specify) _____
Number

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION. IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION [Signature] DATE 5-7-84
(Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Richard Fuentes DATE 05/07/84
(Authorized Signature) 54 59
(2) _____ DATE: _____
(Authorized Signature)

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

[Signature] DATE 05/07/84
(Authorized Signature) 60 65

COMMENTS OR SPECIAL INSTRUCTIONS: _____

**TO BE COMPLETED BY
WASTE GENERATOR**

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991752
T 1 7

Authorization Number 940151
0316000561
Generator Number 14
EPA Number ILD042843854

WNSUND/TEXTRON 6600 S. Oak Park 312 735 1134
(Company Name) Address Phone Number
Chicago IL 60638
City State Zip
WASTE HAULER(S)

DETREY Chem. 2537 LeMoyné
Hauler Name Hauler Address
Phone Number 312 245 3806
S.W.H. Registration Number 0297001
EPA Number ILD074424938
Hauler Name Hauler Address
Phone Number EPA Number

DESTINATION - DISPOSAL STORAGE OR TREATMENT SITE
DETREY Chem. 2537 LeMoyné
(Facility Name) Address
HARROX Park IL 60160 312 245 3806
City State Zip Phone Number
EPA Number ILD074424938
Alternate (Facility Name) Address
City State Zip Phone Number EPA Number

**TO BE COMPLETED BY
WASTE GENERATOR**

WASTE NAME TRICHLOROETHYLENE WASTE PHASE Liquid
THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:
SHIPPING DESCRIPTION: HAZARD CLASS: UN1710 FLAMMABLE
TRICHLOROETHYLENE ORM-A RQ EPA HW Number F001

WEIGHT FOR D.O.T. USE 3000 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000 275 1 GALLONS (Circle One)
METHOD OF SHIPMENT (Circle One) (DRUMS 5) TANK TRUCK OPEN TRUCK OTHER (Specify) _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION, IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.
I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION Raymond G. Gagliardi DATE: 6-4-84
(Authorized Signature)

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Richard Fuentes DATE: 06/04/84
(Authorized Signature)
(2) _____ DATE: _____
(Authorized Signature)

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:
Jeffrey R. Phillips DATE: 06/04/84
(Authorized Signature)

REMARKS OR SPECIAL INSTRUCTIONS: _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

REV. # 4 **GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.**

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760
SPECIAL WASTE HAULING MANIFEST

0991755
1 7

Authorization Number 940151
8 13

TOWNSEND/TOYOTA 6601 S. Oak Park 312751134 0316000541 6
(Company Name) Address Phone Number 14 Generator Number 24
CH. Green IL 60638 112042843854
City State Zip EPA Number

WASTE HAULER(S)

DETREX Chem. 2537 LEMAYNE 3127453846 112074424938
Hauler Name Hauler Address Phone Number EPA Number
S.W.H. Registration Number 0297001
25 31

Hauler Name Hauler Address Phone Number EPA Number
S.W.H. Registration Number 32 36

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

DETREX Chem. 2537 LEMAYNE 03118603
(Facility Name) Address 39 Site Number 46
McROSER P/K IL 60160 3123453806 112074424938
City State Zip Phone Number EPA Number

Alternate (Facility Name) Address 39 Site Number 46
City State Zip Phone Number EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: TRICHLOROETHYLENE WASTE PHASE: LIQUID
(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW.

SHIPPING DESCRIPTION.

HAZARD CLASS:

TRICHLOROETHYLENE ORM-A UN1710 FOOL
UN or NA Number EPA HW Number

WEIGHT FOR D.O.T. USE 3600 LBS TONS (circle one) WEIGHT FOR I.E.P.A. USE MUST BE CONVERTED TO CU. YDS. OR GAL. QUANTITY OF WASTE DELIVERED: 000330
52 2 CU. YDS. 53

METHOD OF SHIPMENT (Circle One) (DRUMS 6) TANK TRUCK OPEN TRUCK OTHER (Specify) _____
Number

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Raymond [Signature]
(Authorized Signature)

DATE: 7-2-84

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE THE DESTINATION AS INDICATED:

(1) Dennis R. Butts
(Authorized Signature)

DATE: 07/02/84
54 59

(2) _____
(Authorized Signature)

DATE: 1111

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES _____ NO _____

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Henry P. Phillips
(Authorized Signature)

DATE: 07/02/84
60 65

() NTS OR SPECIAL INSTRUCTIONS: _____

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

IN ILLINOIS: 217 / 782-3637

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

REV. # 4

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 22. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Farms Management Center.

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404 Expires 7-31-86

Please print or type

(Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 1 LD0428438541		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law	
3. Generator's Name and Mailing Address TOWNSEND DIV OF TEXTRON 6600 S. OAK PK. AVE CHICAGO IL 60638		4. Generator's Phone (312) 735-1134		5. Transporter 1 Company Name DETREX		6. US EPA ID Number 1 LD074424938		7. Illinois Manifest Document Number IL 1120130	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address DETREX CHEMICAL 2537 LEMOYNE MELROSE PK. IL 60160 1 LD074424938		10. US EPA ID Number		11. Illinois Generator's ID 03116640010	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. TRICHLOROETHYLENE ORM-A RQ UN 1710		No. 12		Type DMS		6.00 GAL		EPA HW Number F001 Authorization Number 940151	
b. GROSS WT. 6000 lbs								EPA HW Number Authorization Number	
c.								EPA HW Number Authorization Number	
d.								EPA HW Number Authorization Number	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.									
Printed/Typed Name MICHAEL BERG						Signature <i>Michael Berg</i>		Date Month Day Year 1 00 5 84	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>Richard Fuentes</i>		Date Month Day Year 1 0 5 84	
Printed/Typed Name RICHARD FUENTES						Signature		Date Month Day Year	
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature		Date Month Day Year	
Printed/Typed Name						Signature		Date Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name JEFFREY P. PHILLIPS						Signature <i>Jeffrey P. Phillips</i>		Date Month Day Year 10 15 84	

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

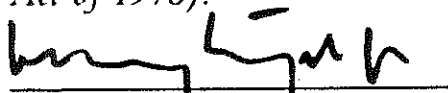
REV. # 5 GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111½, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

NONHAZARDOUS CERTIFICATION

This is to certify that Cyanide Solution waste received 10/3/84
from Townsend Division of Textron on manifest
1120127 has been rendered nonhazardous under EPA definitions by
Envirite Corporation, in full compliance with the terms of Envirite Corporation's
delisting petition granted by the U.S. EPA December 16, 1981.

Having changed this hazardous waste into a nonhazardous material, Envirite
Corporation has eliminated all Townsend Division of Textron future hazardous
waste liability for this material under RCRA (Resource Conservation and Recovery
Act of 1976).



Geoffrey Stengel, Jr.
President



Operations Manager

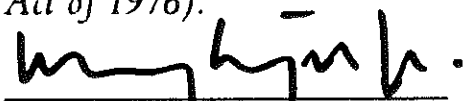
ENVIRITE

Corporate Headquarters
Blue Bell, Pennsylvania 19422

NONHAZARDOUS CERTIFICATION

This is to certify that Alkaline w/Cyanide waste received 9/14/84
from Townsend Division of Textron on manifest
0991757 has been rendered nonhazardous under EPA definitions by
Envirite Corporation, in full compliance with the terms of Envirite Corporation's
delisting petition granted by the U.S. EPA December 16, 1981.

Having changed this hazardous waste into a nonhazardous material, Envirite
Corporation has eliminated all Townsend Div. of Textron future hazardous
waste liability for this material under RCRA (Resource Conservation and Recovery
Act of 1976).



Geoffrey Stengel, Jr.
President



Operations Manager

ENVIRITE

Corporate Headquarters
Blue Bell, Pennsylvania 19422

OPERATING RECORD OF WASTE DISPOSAL AND TREATMENT

DATE	TANK		TREATMENT DATE	DISPOSAL	
	LOCATION	QUANTITY		QUANTITY	DATE
11-1-83	UNDERGROUND	320 gal.	11-1-83		
				300 gal.	11-2-83
11-5-83	"	400 gal.	11-5-83		
11-7-83	"	160 gal.	11-7-83		
11-12-83	"	160 gal.	11-12-83		
11-14-83	"	160 gal.	11-14-83		
11-19-83	"	160 gal.	11-19-83		
11-21-83	"	160 gal.	11-21-83		
11-29-83	"	160 gal.	11-28-83		
12-2-83	"	160 gal.	12-2-83		
12-7-83	"	160 gal.	12-7-83		
12-8-83	"	160 gal.	12-8-83		
12-12-83	"	200 gal.	12-12-83		
12-16-83	"	400 gal.	12-16-83		
12-23-83	"	300 gal.	12-23-83		
1-10-84	"	160 gal.	1-10-84		
				300 gal.	1-11-84
1-17-84	"	320 gal.	1-12-84		
1-19-84	"	600 gal.	1-19-84		
1-24-84	"	160 gal.	1-24-84		
1-28-84	"	160 gal.	1-28-84		
1-30-84	"	160 gal.	1-28-84		
1-31-84	"	160 gal.	1-31-84		
2-4-84	"	350 gal.	2-4-84	200	
2-15-84	"	100 gal.	2-15-84		
2-20-84	"	400 gal.	2-20-84		
2-24-84	"	170 gal.	2-24-84		
2-27-84	"	510 gal.		300 gal.	2-24-84
2-27-84	"	510 gal.	2-27-84		
3-8-84	"	160 gal.	3-8-84		
3-13-84	"	170 gal.	3-13-84		
3-14-84	"	170 gal.	3-14-84		
3-15-84	"	160 gal.	3-15-84		
3-19-84	"	200 gal.	3-19-84		
3-22-84	"	160 gal.	3-22-84		



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO

100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 078444

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR OF WASTE	TYPE OF WASTE <input checked="" type="checkbox"/> LIQUID <input checked="" type="checkbox"/> SLUDGE <input type="checkbox"/> SOLID			TYPE OF CONTAINER <input checked="" type="checkbox"/> (BULK TANK TRUCK) <input type="checkbox"/> DRUMS <input type="checkbox"/> OTHER (SPECIFY)			VOLUME 8,000 GALS CU YDS LBS	
	WASTE CONTAINS:							
	<input type="checkbox"/> FATS, OILS OR GREASE <input type="checkbox"/> ACID <input checked="" type="checkbox"/> ALKALI	<input checked="" type="checkbox"/> CYANIDE <input checked="" type="checkbox"/> ZINC <input type="checkbox"/> CADMIUM	<input checked="" type="checkbox"/> COPPER <input checked="" type="checkbox"/> CHROME <input checked="" type="checkbox"/> IRON	<input checked="" type="checkbox"/> NICKEL <input type="checkbox"/> LEAD <input type="checkbox"/> SELENIUM	<input type="checkbox"/> MERCURY <input type="checkbox"/> OTHER (SPECIFY)			
	DISPOSAL METHOD <input type="checkbox"/> LANDFILL <input checked="" type="checkbox"/> DESTRUCTION (SPECIFY) <u>Hydride Oxidation</u> <input type="checkbox"/> OTHER (SPECIFY)							
NAME OF COMPANY <u>TOWNSEND/THYTRON</u>							FEDERAL TAX I. D. NUMBER <u>ILD042843854</u>	
LOCATION <u>6600 So. Oak Park Ave Chicago, IL 60638</u>								
TYPE OF INDUSTRY <u>COLD HEATING</u>							DATE REMOVED <u>2-24-84</u>	TIME REMOVED <u>2:45 PM</u>
I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.								
SIGNATURE OF AUTHORIZED AGENT AND TITLE <u>Raymond Boyd Phoring Supv.</u>							PHONE <u>735-1134</u>	
NAME <u>BROWNING-FERRIS INC.</u>							FEDERAL TAX I. D. NUMBER <u>ILD097177505</u>	
ADDRESS <u>5050 W Lake St. Melrose Park</u>							DATE RECEIVED <u>2-24-84</u>	TIME RECEIVED <u>2:45 PM</u>
WASTE HAULER'S REGISTRATION NO. <u>0107039</u>							STATE <u>IL</u>	TRUCK LICENSE NO. <u>158840</u>
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.								
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE <u>Paul Luft</u>							PHONE <u>712 345 7050</u>	
NAME <u>WEM-CLINT</u>							FEDERAL TAX I. D. NUMBER <u>ILT00068471</u>	
ADDRESS <u>11800 Stony IS. Chicago, IL</u>							DATE RECEIVED	TIME RECEIVED
I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.								
SIGNATURE OF OPERATOR AND TITLE							PERMIT NO.	PHONE

GENERATOR'S COPY



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO

100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 078445

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR OF WASTE	TYPE OF WASTE	<input checked="" type="checkbox"/> LIQUID	<input type="checkbox"/> SLUDGE	<input type="checkbox"/> SOLID	TYPE OF CONTAINER	<input checked="" type="checkbox"/> BULK TANK TRUCK	<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> OTHER (SPECIFY)	VOLUME	9000	GALS
	WASTE CONTAINS:										CU YDS.
	<input type="checkbox"/> FATS, OILS OR GREASE	<input checked="" type="checkbox"/> CYANIDE	<input checked="" type="checkbox"/> COPPER	<input checked="" type="checkbox"/> NICKEL	<input type="checkbox"/> MERCURY						
	<input type="checkbox"/> ACID	<input checked="" type="checkbox"/> ZINC	<input checked="" type="checkbox"/> CHROME	<input type="checkbox"/> LEAD	<input type="checkbox"/> OTHER (SPECIFY)						
	<input checked="" type="checkbox"/> ALKALI	<input type="checkbox"/> CADMIUM	<input type="checkbox"/> IRON	<input type="checkbox"/> SELENIUM							LBS.
DISPOSAL METHOD	<input type="checkbox"/> LANDFILL	<input checked="" type="checkbox"/> DESTRUCTION (SPECIFY)	Oxidation Cyanide						<input type="checkbox"/> OTHER (SPECIFY)	Metal Precipitated	
	NAME OF COMPANY								FEDERAL TAX I. D. NUMBER		
	LOCATION										
	TYPE OF INDUSTRY								DATE REMOVED		
6600 S. Oak Park Ave Chicago, ILL 60638								4-3-84		TIME REMOVED	
COLD HEADING								8:00 am			
I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.											
SIGNATURE OF AUTHORIZED AGENT AND TITLE								PHONE			
Raymond Engel Phasing Supv								312-735-1134			

NAME		BROWNING-FARRIS		FEDERAL TAX I. D. NUMBER		36209177505	
ADDRESS		5050 W. Lake St. Melrose Park ILL.		DATE RECEIVED		4-3-84	
WASTE HAULER'S REGISTRATION NO.		0107037		STATE		ILL	
TRUCK LICENSE NO.		158840		TIME RECEIVED		8:00 am	
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.							
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE						PHONE	
Frank Kuff						312-345-7050	

NAME		Horn-Clare		FEDERAL TAX I. D. NUMBER		ILL	
ADDRESS		11800 Stony Is Chicago, ILL 60617		DATE RECEIVED			
I certify that the above named contractor delivered the described waste, in the designated volume to this for lawful disposition as designated.							
SIGNATURE OF OPERATOR AND TITLE				PERMIT NO.		PHONE	

GENERATOR'S COPY



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611

NO. 078446

INDUSTRIAL WASTE DIVISION (312) 751-5697

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR OF WASTE	TYPE OF WASTE	<input checked="" type="checkbox"/> LIQUID	<input type="checkbox"/> SLUDGE	<input type="checkbox"/> SOLID	TYPE OF CONTAINER	<input type="checkbox"/> BULK TANK (TRUCK)	<input checked="" type="checkbox"/> DRUMS	<input type="checkbox"/> OTHER (SPECIFY)	VOLUME	230	GALS			
	WASTE CONTAINS:									CU. YDS.				
	<input type="checkbox"/> FATS, OILS OR GREASE									<input type="checkbox"/> CYANIDE	<input type="checkbox"/> COPPER	<input type="checkbox"/> NICKEL	<input type="checkbox"/> MERCURY	
	<input type="checkbox"/> ACID									<input type="checkbox"/> ZINC	<input type="checkbox"/> CHROME	<input type="checkbox"/> LEAD	<input checked="" type="checkbox"/> OTHER	
	<input type="checkbox"/> ALKALI									<input type="checkbox"/> CADMIUM	<input type="checkbox"/> IRON	<input type="checkbox"/> SELENIUM	(SPECIFY) TRICHLOROETHYLENE	
	DISPOSAL METHOD	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> DESTRUCTION (SPECIFY)		<input checked="" type="checkbox"/> OTHER (SPECIFY) RECLAIM				FEDERAL TAX I. D. NUMBER	JLD 042843854				
	NAME OF COMPANY TOWNSEND/TEXTRON													
	LOCATION 6600 S. Oak Park Ave Chicago, Ill. 60638													
	TYPE OF INDUSTRY	OLD HEADLINE								DATE REMOVED	4-10-84	TIME REMOVED	2:45 PM	
	I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.													
	SIGNATURE OF AUTHORIZED AGENT AND TITLE Raymond Ruiz									PHONE 312-735-1134				

NAME DETREX CHEMICAL		FEDERAL TAX I. D. NUMBER JLD 074424938	
ADDRESS 2537 LEMOYNE MELROSE PK, IL 60160		DATE RECEIVED	4-10-84
WASTE HAULER'S REGISTRATION NO. 0297/001		STATE IL	TRUCK LICENSE NO. 24529
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.			
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE Richard Fuentes		PHONE 345-3806	

NAME DETREX CHEMICAL		FEDERAL TAX I. D. NUMBER JLD 074424938	
ADDRESS 2537 LEMOYNE MELROSE PK, IL 60160		DATE RECEIVED	
I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.			
SIGNATURE OF OPERATOR AND TITLE		PERMIT NO.	PHONE

GENERATOR'S COPY



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 078447

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR OF WASTE	TYPE OF WASTE	<input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SOLID	TYPE OF CONTAINER	<input type="checkbox"/> (BULK TANK TRUCK) <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/>	OTHER (SPECIFY)	VOLUME	GALS
	WASTE CONTAINS:					275	CU. YDS.
	<input type="checkbox"/> FATS, OILS OR GREASE <input type="checkbox"/> CYANIDE <input type="checkbox"/> COPPER <input type="checkbox"/> NICKEL <input type="checkbox"/> MERCURY						LBS.
	<input type="checkbox"/> ACID <input type="checkbox"/> ZINC <input type="checkbox"/> CHROME <input type="checkbox"/> LEAD <input checked="" type="checkbox"/> OTHER						
<input type="checkbox"/> ALKALI <input type="checkbox"/> CADMIUM <input type="checkbox"/> IRON <input type="checkbox"/> SELENIUM					(SPECIFY) TRICHLOROETHYLENE		
DISPOSAL METHOD	<input type="checkbox"/> LANDFILL <input type="checkbox"/> DESTRUCTION (SPECIFY)		<input checked="" type="checkbox"/> OTHER (SPECIFY) RETAIN		FEDERAL TAX I. D. NUMBER		
	NAME OF COMPANY					JLD042843854	
	LOCATION					6640 SW. Oak Park Ave. Chicago, Ill. 60628	
	TYPE OF INDUSTRY					COND HANDLING	
I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.					DATE REMOVED	TIME REMOVED	
SIGNATURE OF AUTHORIZED AGENT AND TITLE					5-7-84	10:45 AM	
PHONE					312-735-1124		

NAME		FEDERAL TAX I. D. NUMBER	
DETREY CHEMICAL		380-480-840	
ADDRESS		DATE RECEIVED	TIME RECEIVED
2537 LEMOYNE AVE. PK IL 60160		5-7-84	10:45 AM
WASTE HAULER'S REGISTRATION NO.	STATE	TRUCK LICENSE NO.	
0297/001	IL.	24 529	
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.			
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE		PHONE	
Richard Fuentes		345-3806	

NAME		FEDERAL TAX I. D. NUMBER	
DETREY CHEMICAL		JLD 074424938	
ADDRESS		DATE RECEIVED	TIME RECEIVED
2537 LEMOYNE AVE. PK IL 60160			
I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.			
SIGNATURE OF OPERATOR AND TITLE		PERMIT NO.	PHONE

GENERATOR'S COPY



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611

NO. 078448

INDUSTRIAL WASTE DIVISION (312) 751-5697

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR	TYPE OF WASTE	<input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SOLID	TYPE OF CONTAINER	<input checked="" type="checkbox"/> BULK TANK TRUCK <input type="checkbox"/> DRUMS <input type="checkbox"/> OTHER (SPECIFY)	VOLUME	
					3000	GALS
	WASTE CONTAINS:					CU YDS.
					87.000	LBS
OF	WASTE CONTAINS:					
	<input type="checkbox"/> FATS, OILS OR GREASE	<input checked="" type="checkbox"/> CYANIDE	<input checked="" type="checkbox"/> COPPER	<input checked="" type="checkbox"/> NICKEL	<input type="checkbox"/> MERCURY	
	<input type="checkbox"/> ACID	<input checked="" type="checkbox"/> ZINC	<input checked="" type="checkbox"/> CHROME	<input type="checkbox"/> LEAD	<input type="checkbox"/> OTHER	
	<input checked="" type="checkbox"/> ALKALI	<input checked="" type="checkbox"/> CADMIUM	<input checked="" type="checkbox"/> IRON	<input type="checkbox"/> SELENIUM	(SPECIFY)	
WASTE	DISPOSAL METHOD	<input type="checkbox"/> LANDFILL <input checked="" type="checkbox"/> DESTRUCTION (SPECIFY) <i>ON-SITE</i>	<input type="checkbox"/> OTHER (SPECIFY)			
	NAME OF COMPANY	TOWNSEND/TEVTRON			FEDERAL TAX I. D. NUMBER	05-0315468
	LOCATION	6600 S. Oak Park Ave. CHICAGO, ILL 60638				
	TYPE OF INDUSTRY	COLD HEADING			DATE REMOVED	5-22-84
TIME REMOVED						7:30 AM
I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.						
SIGNATURE OF AUTHORIZED AGENT AND TITLE					PHONE	312-735-1134

NAME	BROWNING-FERRIS INC.		FEDERAL TAX I. D. NUMBER	
ADDRESS	5050 W. Lake St. MARIAGE PARK		DATE RECEIVED	5-22-84
WASTE HAULER'S REGISTRATION NO.	0107037	STATE	ILL.	TRUCK LICENSE NO.
158840		I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.		
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE			PHONE	345-5511

NAME	CHEM-CLONE		FEDERAL TAX I. D. NUMBER	
ADDRESS	11800 STONEY IS. CHICAGO, ILL 60617		DATE RECEIVED	
I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.			TIME RECEIVED	
SIGNATURE OF OPERATOR AND TITLE		PERMIT NO.	PHONE	

GENERATOR'S COPY



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 078450

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR OF WASTE	TYPE OF WASTE	<input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SOLID	TYPE OF CONTAINER	<input checked="" type="checkbox"/> BULK TANK TRUCK <input type="checkbox"/> DRUMS <input type="checkbox"/> OTHER (SPECIFY)	VOLUME	GALS
					625	CU YDS.
	WASTE CONTAINS:					LBS.
	<input checked="" type="checkbox"/> FATS, OILS OR GREASE <input type="checkbox"/> CYANIDE <input type="checkbox"/> COPPER <input type="checkbox"/> NICKEL <input type="checkbox"/> MERCURY					
	<input type="checkbox"/> ACID <input type="checkbox"/> ZINC <input type="checkbox"/> CHROME <input type="checkbox"/> LEAD <input type="checkbox"/> OTHER (SPECIFY) <i>REPROCESSOR</i>					
DISPOSAL METHOD	<input type="checkbox"/> LANDFILL <input type="checkbox"/> DESTRUCTION (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY)					
	NAME OF COMPANY				FEDERAL TAX I. D. NUMBER	
	<i>TOWNSHIP/TYTRON</i>				<i>05-031546X</i>	
	LOCATION					
	<i>664 So. Oak Park Ave. Chicago, Ill. 60638</i>					
WASTE	TYPE OF INDUSTRY				DATE REMOVED	TIME REMOVED
	<i>COLD HANDLING</i>				<i>6-6-84</i>	<i>11:20 AM</i>
	I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.					
	SIGNATURE OF AUTHORIZED AGENT AND TITLE				PHONE	
	<i>Raymond Bezek</i>				<i>735-1134</i>	

NAME		FEDERAL TAX I. D. NUMBER	
<i>NORTH BRANCH WASTE OIL</i>			
ADDRESS		DATE RECEIVED	TIME RECEIVED
<i>P.O. Box 1660 SCHILLER PARK</i>		<i>6-6-84</i>	<i>11:30</i>
WASTE HAULER'S REGISTRATION NO.	STATE	TRUCK LICENSE NO.	
	<i>ILL.</i>		
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.			
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE		PHONE	
<i>Richard Smith</i>			

NAME		FEDERAL TAX I. D. NUMBER	
<i>REFINERY PRODUCTS</i>			
ADDRESS		DATE RECEIVED	TIME RECEIVED
<i>4256 WESLEY SCHILLER PARK</i>			
I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.			
SIGNATURE OF OPERATOR AND TITLE		PERMIT NO.	PHONE

GENERATOR'S COPY



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 078451

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR	TYPE OF WASTE	<input checked="" type="checkbox"/> LIQUID	<input type="checkbox"/> SLUDGE	<input type="checkbox"/> SOLID	TYPE OF CONTAINER	<input checked="" type="checkbox"/> (BULK TANK TRUCK)	<input type="checkbox"/> DRUMS	<input type="checkbox"/> OTHER (SPECIFY)	VOLUME	3,000 GALS	
	WASTE CONTAINS:									CU YDS.	
	<input type="checkbox"/> FATS, OILS OR GREASE	<input checked="" type="checkbox"/> CYANIDE	<input checked="" type="checkbox"/> COPPER	<input checked="" type="checkbox"/> NICKEL	<input type="checkbox"/> MERCURY						
	<input type="checkbox"/> ACID	<input checked="" type="checkbox"/> ZINC	<input checked="" type="checkbox"/> CHROME	<input type="checkbox"/> LEAD	<input type="checkbox"/> OTHER (SPECIFY)						
OFFICE	<input checked="" type="checkbox"/> ALKALI	<input checked="" type="checkbox"/> CADMIUM	<input checked="" type="checkbox"/> IRON	<input type="checkbox"/> SELENIUM							
	DISPOSAL METHOD	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> DESTRUCTION (SPECIFY)	Oxidation	<input type="checkbox"/> OTHER (SPECIFY)	Metal piece					
	NAME OF COMPANY	TOWNSEND/THE TRON				FEDERAL TAX I. D. NUMBER	05-0315468				
	LOCATION	6600 S. Oak Park Ave. Chicago, IL 60638									
WASTE	TYPE OF INDUSTRY	Cold Handling				DATE REMOVED	6-29-84		TIME REMOVED	1200 PM	
	I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.										
SIGNATURE OF AUTHORIZED AGENT AND TITLE									Raymond Bigal	PHONE	735-1134

NAME	BROWNIE FARRIS		FEDERAL TAX I. D. NUMBER			
ADDRESS	5050 W. Lake St. Melrose Park		DATE RECEIVED	6-29-84	TIME RECEIVED	1123 AM
WASTE HAULER'S REGISTRATION NO.	0107036	STATE	IL.	TRUCK LICENSE NO.	18848	
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.						
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE				Michael J. St. Martin	PHONE	345-5511

NAME	CHUCK CHASE		FEDERAL TAX I. D. NUMBER		
ADDRESS	11800 STONEY IS. CHICAGO, IL.		DATE RECEIVED		
I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.					
SIGNATURE OF OPERATOR AND TITLE		PERMIT NO.	PHONE		

GENERATOR'S COPY



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO
100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 078452

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR OF WASTE	TYPE OF WASTE		TYPE OF CONTAINER		BULK TANK TRUCK	<input checked="" type="checkbox"/> DRUMS	OTHER (SPECIFY)	VOLUME			
	<input type="checkbox"/> LIQUID	<input type="checkbox"/> SLUDGE	<input type="checkbox"/> SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		330.00 GALS			
	WASTE CONTAINS:							CU YDS.			
								LBS			
	<input type="checkbox"/> FATS, OILS OR GREASE							<input type="checkbox"/> CYANIDE	<input type="checkbox"/> COPPER	<input type="checkbox"/> NICKEL	<input type="checkbox"/> MERCURY
	<input type="checkbox"/> ACID							<input type="checkbox"/> ZINC	<input type="checkbox"/> CHROME	<input type="checkbox"/> LEAD	<input type="checkbox"/> OTHER
	<input type="checkbox"/> ALKALI							<input type="checkbox"/> CADMIUM	<input type="checkbox"/> IRON	<input type="checkbox"/> SELENIUM	(SPECIFY) TRICHLOROETHYLENE
	DISPOSAL METHOD							<input type="checkbox"/> LANDFILL	<input type="checkbox"/> DESTRUCTION (SPECIFY)	<input type="checkbox"/> OTHER (SPECIFY) Reclaim	
	NAME OF COMPANY						FEDERAL TAX I. D. NUMBER				
	TOWNSHEND / TETTRON						05-0315468				
	LOCATION						6600 So. Oak Park Ave. Chicago, IL 60638				
	TYPE OF INDUSTRY						COLD HANDLING				
I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.											
SIGNATURE OF AUTHORIZED AGENT AND TITLE								PHONE			
Raymond B. Buzal								735-1134			

NAME		FEDERAL TAX I. D. NUMBER	
Deorey Chemical Co.			
ADDRESS		DATE RECEIVED	TIME RECEIVED
2537 LEMOYNE McCRESE PK		07-02-84	8:25
WASTE HAULER'S REGISTRATION NO.	STATE	TRUCK LICENSE NO.	
	IL.	24529	
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.			
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE		PHONE	
Dennis R Butler		312-345-3866	

NAME		FEDERAL TAX I. D. NUMBER	
Deorey Chemical Co.			
ADDRESS		DATE RECEIVED	TIME RECEIVED
2537 LEMOYNE McCRESE PK			
I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.			
SIGNATURE OF OPERATOR AND TITLE		PERMIT NO.	PHONE

GENERATOR'S COPY

100 EAST ERIE STREET - CHICAGO, IL 60611
INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 203081

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

GENERATOR OF WASTE	TYPE OF WASTE <input checked="" type="checkbox"/> 1-LIQUID <input type="checkbox"/> 2-SLUDGE <input type="checkbox"/> 3-SOLID			TYPE OF CONTAINER <input checked="" type="checkbox"/> 1-BULK TANK (TRUCK) <input type="checkbox"/> 2-DRUMS <input type="checkbox"/> 3-OTHER (SPECIFY)			VOLUME 1500 1-GALS 14,250 2-CU YDS 14,250 3-LBS		
	WASTE CONTAINS:								
	<input type="checkbox"/> 01-FATS, OILS OR GREASE	<input checked="" type="checkbox"/> 04-CYANIDE	<input checked="" type="checkbox"/> 07-COPPER	<input checked="" type="checkbox"/> 10-NICKEL	<input type="checkbox"/> 13-MERCURY	<input type="checkbox"/> 16-OTHER (SPECIFY)			
	<input type="checkbox"/> 02-ACID	<input checked="" type="checkbox"/> 05-ZINC	<input type="checkbox"/> 08-CHROME	<input type="checkbox"/> 11-LEAD	<input type="checkbox"/> 14-SOLVENTS				
<input checked="" type="checkbox"/> 03-ALKALI	<input checked="" type="checkbox"/> 06-CADMIUM	<input checked="" type="checkbox"/> 09-IRON	<input type="checkbox"/> 12-SELENIUM	<input type="checkbox"/> 15-PAINT RESIDUE					
DISPOSAL METHOD <input type="checkbox"/> LANDFILL <input type="checkbox"/> DESTRUCTION (SPECIFY)						<input checked="" type="checkbox"/> OTHER (SPECIFY) TREATMENT			
NAME OF COMPANY TOWNSEND DIVISION OF TETRA						FEDERAL TAX I. D. NUMBER			
LOCATION 6600 S. OAK PARK AVE. CHICAGO, ILL. 60638						FEDERAL GENERATOR I. D. NUMBER 0316640010			
TYPE OF INDUSTRY RIVET MANUFACTURING						DATE REMOVED 9-14-84		TIME REMOVED 11:00 AM	
I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.									
SIGNATURE OF AUTHORIZED AGENT AND TITLE Michael B. [Signature] MANA. ENG QA						PHONE 312-735-1134			

NAME ENKIRITE CORP.			FEDERAL TAX I. D. NUMBER 231895765	
ADDRESS 16435 S. CENTER, HARVEY, ILL. 60426			DATE RECEIVED 9-14-84	TIME RECEIVED 11:00 AM
FEDERAL HAULER I. D. NUMBER 1071004	STATE ILL.	TRUCK LICENSE NO. 77905		
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.				
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE Ronald K. [Signature] (DRIVER)			PHONE 312-596-7040	

NAME ENKIRITE CORP.			FEDERAL TAX I. D. NUMBER 231895765		
ADDRESS 16435 CENTER HARVEY, ILL. 60426			FEDERAL DISPOSAL SITE I. D. NUMBER 0311110001	DATE RECEIVED "	TIME RECEIVED
I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.					
SIGNATURE OF OPERATOR AND TITLE			PERMIT NO. 000057	PHONE 312-596-7040	

GENERATOR'S COPY

TEXTRON

Textron Inc.

40 Westminster Street
Providence, R.I. 02903
401/421-2800

March 29, 1985

Mr. Andrew A. Vollmer
Illinois Environmental Protection Agency
Division of Land Pollution Control
Permit Section-Financial Assurance
2200 Churchill Road
Springfield, IL 62706

Re: Townsend Division of Textron Inc.
03166410 - Cook County - Chicago/Textron
ILD 042843854/Log #FA 129

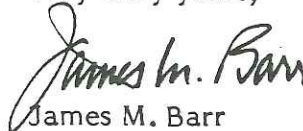
Dear Mr. Vollmer:

In compliance with the State of Illinois 35 ILL. Adm. Code 725, we are hereby enclosing the following:

1. Letter from Textron's Chief Financial Officer which demonstrates the financial test for liability coverage (sudden and non-sudden) and assurance of closure care (with Exhibit B).
2. Letter dated March 29, 1985 from Arthur Young and Company as to the financial information contained in the letter referenced to in paragraph (1) above.
3. A copy of the 1984 Annual Report of Textron Inc., containing a report by Arthur Young and Company on Textron's financial statements for the fiscal year ended December 29, 1984.

If you require anything additional, please let me know.

Very truly yours,



James M. Barr
Assistant Manager
Property and Casualty Insurance

JMB/ehb
enclosure

cc: ✓ Andrew Spacone - Textron (w/enclosures)
Mac Wilson - Townsend (w/enclosures)
H. A. Schult - Arthur Young & Co. (w/enclosures)

LETTER FROM CHIEF FINANCIAL OFFICER

(To demonstrate liability coverage and/or to demonstrate
both liability coverage and assurance of closure
and/or post-closure care.)

Director
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Dear Sir or Madam:

I am the chief financial officer of Textron Inc., 40 Westminster Street, Providence, RI 02903

This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure care

as specified in Subpart H of 40 CFR Parts 264 and 265 and/or Subpart H of 35 Illinois
Administrative Code Parts 724 and 725.

The owner or operator identified above is the owner or operator of the following facilities for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265 and/or tests equivalent or substantially equivalent, and/or Subpart H of 35 Illinois Administrative Code Parts 724 and 725:

USEPA I.D. No. ILD042843854

Name Townsend Division of Textron Inc.

Address 6600 Oak Park Avenue, Chicago, Illinois 60638

Please attach a separate page if more space is needed for all facilities.

See Instruction (4)

1. This firm is the owner or operator of the following facilities for which financial assurance for closure and/or post-closure care is demonstrated through the financial test specified in Subpart H of 35 Ill. Adm. Code Parts 724 and 725. The current closure and/or post-closure cost estimates covered by the test are shown for each facility: (LIST ALL THE ILLINOIS FACILITIES USING THE FINANCIAL TEST)

USEPA I.D. No.	Closure Amount	Post-Closure Amount	Closure and Post-Closure Amounts
(5)	(6)	(7)	(8)
Name <u>Townsend Division of Textron Inc.</u>			
Address <u>6600 Oak Park Avenue</u>	\$ -0-	\$10,000	\$10,000
City <u>Chicago, Illinois 60638</u>			
USEPA I.D. No. _____			
Name <u>None</u>			
Address _____			
City _____			

Please attach a separate page if more space is needed for all facilities.

2. This firm guarantees, through the _____ to guarantee specified in Subpart H of 35 Ill. Code Parts 724 and 725, the closure and/or post-closure care of the following facilities owned or operated by subsidiaries of this firm. The current cost estimates for closure and/or post-closure care so guaranteed are shown for each facility: (LIST ALL THE ILLINOIS FACILITIES USING THE CORPORATE GUARANTEE)

USEPA I.D. No. (5)	Closure Amount (6)	Post-Closure Amount (7)	Closure and Post-Closure Amount (8)
Name None			
Address			
City			
USEPA I.D. No.			
Name None			
Address			
City			

Please attach a separate page if more space is needed for all facilities.

3. For states other than Illinois this owner or operator or guarantor is demonstrating financial assurance for the closure or post-closure care of the following facility through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility: (LIST ALL FACILITIES WHICH ARE NOT IN ILLINOIS BUT ARE SUBJECT TO A STATE OR FEDERAL FINANCIAL ASSURANCE REQUIREMENT THAT ARE ASSURED BY A FINANCIAL TEST OR CORPORATE GUARANTEE)

USEPA I.D. No. (5)	Closure Amount (6)	Post-Closure Amount (7)	Closure and Post-Closure Amounts (8)
Name See Attached Exhibit B			
Address			
City			
USEPA I.D. No.			
Name See Attached Exhibit B			
Address			
City			

Please attach a separate page if more space is needed for all facilities.

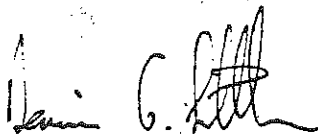
4. This firm is the owner or operator of the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is NOT demonstrated either to IEPA, USEPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent state mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: (LIST FACILITIES IN RCRA AUTHORIZED STATES WHERE THERE IS NO STATE FINANCIAL ASSURANCE REQUIREMENT)

USEPA I.D. No. (5)	Closure Amount (6)	Post-Closure Amount (7)	Closure and Post-Closure Amounts (8)
Name None			
Address			
City			

Alternative II

- | | | |
|---|----|----------------------|
| 1. Sum of current closure and post-closure cost estimates (total of all cost estimates listed above) | \$ | <u>2,172,677</u> |
| 2. Amount of annual aggregate liability coverage to be demonstrated | \$ | <u>8,000,000</u> |
| 3. Sum of lines 1 and 2 | \$ | <u>10,172,677</u> |
| 4. Current bond rating of most recent issuance and name of rating service | | <u>BBB-S&P</u> |
| 5. Date of issuance of bond | | <u>June 15, 1980</u> |
| 6. Date of maturity of bond | | <u>June 15, 2005</u> |
| *7. Tangible net worth (if any portion of the closure or post-closure cost estimates is included in "total liabilities" on your financial statements you may add that portion to this line) | \$ | <u>1,205,873,000</u> |
| *8. Total assets in the U.S. (required only is less than 90% of assets are located in the U.S.) | \$ | <u>1,889,000,000</u> |
-
- | | Yes | No |
|--|----------|----------|
| 9. Is line 7 at least \$10 million? | <u>X</u> | / |
| 10. Is line 7 at least 6 times line 3? | <u>X</u> | / |
| *11. Are at least 90% of assets located in the U.S.? | | <u>X</u> |
| If not, complete line 12. | | |
| 12. Is line 8 at least 6 times line 3? | <u>X</u> | / |

Signature



Typed name

Dennis G. Little

Title

Executive Vice President and Chief Financial Officer

Date

3/29/85

Alternative I

1. Sum of current closure and post-closure cost estimates (total of *all* cost estimates listed above) \$ _____
 2. Amount of annual aggregate liability coverage to be demonstrated \$ _____
 3. Sum of lines 1 and 2 \$ _____
 - *4. Total liabilities (if any portion of your closure or post-closure cost estimates is included in your total liabilities, you may deduct that portion from this line and add that amount to lines 5 and 6) \$ _____
 - *5. Tangible net worth \$ _____
 - *6. Net worth \$ _____
 - *7. Current assets \$ _____
 - *8. Current liabilities \$ _____
 9. Net working capital (line 7 minus line 8) \$ _____
 - *10. The sum of net income plus depreciation, depletion, and amortization \$ _____
 - *11. Total assets in U.S. (required only if less than 90% of assets are located in the U.S.) \$ _____
-
- | | Yes | No |
|--|---------------|---------------|
| 12. Is line 5 at least \$10 million? | _____ / _____ | _____ / _____ |
| 13. Is line 5 at least 6 times line 3? | _____ / _____ | _____ / _____ |
| 14. Is line 9 at least 6 times line 3? | _____ / _____ | _____ / _____ |
| *15. Are at least 90% of assets located in the U.S.? | _____ / _____ | _____ / _____ |
| If not, complete line 16. | | |
| 16. Is line 11 at least 6 times line 3? | _____ / _____ | _____ / _____ |
| 17. Is line 4 divided by line 6 less than 2.0? | _____ / _____ | _____ / _____ |
| 18. Is line 10 divided by line 4 greater than 0.1? | _____ / _____ | _____ / _____ |
| 19. Is line 7 divided by line 8 greater than 1.5? | _____ / _____ | _____ / _____ |

Signature

Typed name

Title

Date

Part A. Liability Coverage for Accidental Occurrences (See Instruction 12 and (13))

Alternative I

1. Amount of annual aggregate liability coverage to be demonstrated \$ _____
 2. Current assets \$ _____
 3. Current liabilities \$ _____
 4. Net working capital (line 2 minus line 3) \$ _____
 - *5. Tangible net worth \$ _____
 - *6. If less than 90% of assets are located in the U.S., give total U.S. assets \$ _____
- | | Yes | No |
|--|---------------|---------------|
| 7. Is line 5 at least \$10 million? | _____ / _____ | _____ / _____ |
| 8. Is line 4 at least 6 times line 1? | _____ / _____ | _____ / _____ |
| 9. Is line 5 at least 6 times line 1? | _____ / _____ | _____ / _____ |
| *10. Are at least 90% of assets located in the U.S.? | _____ / _____ | _____ / _____ |
| If not, complete line 11. | | |
| 11. Is line 6 at least 6 times line 1? | _____ / _____ | _____ / _____ |

Signature _____

Typed name _____

Title _____

Date _____

Part A. Liability Coverage for Accidental Occurrences (See Instruction 12 and (13))

Alternative II

1. Amount of annual aggregate liability coverage to be demonstrated \$ _____
 2. Current bond rating of most recent issuance and name of rating service
 3. Date of issuance of bond
 4. Date of maturity of bond
 - *5. Tangible net worth \$ _____
 - *6. Total assets in U.S. (required only if less than 90% of assets are located in U.S.) \$ _____
- | | Yes | No |
|---|---------------|---------------|
| 7. Is line 5 at least \$10 million? | _____ / _____ | _____ / _____ |
| 8. Is line 5 at least 6 times line 1? | _____ / _____ | _____ / _____ |
| *9. Are at least 90% of assets located in the U.S.? | _____ / _____ | _____ / _____ |
| If not, complete line 10. | | |
| 10. Is line 6 at least 6 times line 1? | _____ / _____ | _____ / _____ |

Signature _____

Typed name _____

Title _____

Date _____

USEPA I.D. No. _____

Name None

Address _____

City _____

Please attach a separate page if more space is needed for all facilities.

This owner or operator is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest
(9)
fiscal year.

The fiscal year of this owner or operator ends on December 29, 1984 *. The figures for the following items marked with an asterisk
(10)
are derived from this owner's or operator's independently audited, year-end financial statements for the latest completed fiscal year, ended
December 29, 1984.
(11)

TEXTRON

Textron Inc.

40 Westminster Street
Providence, R.I. 02903
401/421-2800

CERTIFIED MAIL

July 15, 1983

RECEIVED
JUL 18 1983

Regional Administrator
U.S. Environmental Protection Agency
Waste Management Branch
230 South Dearborn Street
Chicago, IL 60604

WASTE MANAGEMENT
BRANCH

Re: Updated Financial Requirements for Closure and Post-Closure
and Non-Sudden Liability Coverage

Dear Sir/Madam,


Textron Inc., a diversified manufacturing company located in Providence, R.I., with a manufacturing Division within your region, is subject to RCRA regulations applicable to owners and operators of Hazardous Waste Treatment, Storage, and Disposal Facilities.

In compliance with RCRA regulations as outlined in 40 CFR 264 and 265 pertaining to the annually updated financial test information and inflation adjusted closure and post-closure costs, we submit the following on behalf of our Townsend Division located at 6600 Oak Park Avenue, Chicago, Illinois 60638:

- (1) Letter dated June 27, 1983 from the chief financial officer of Textron Inc. as specified in 40 CFR 264.151 (g) of the RCRA regulations;
- (2) A copy of the 1982 Annual Report of Textron Inc., containing a report by Arthur Young & Company on Textron's financial statements for the fiscal year ended January 1, 1983;
- (3) Letter dated June 27, 1983 from Arthur Young & Company as to the financial information contained in the letter referred to in paragraph (1) above.

Please contact me if you require additional information.

Very truly yours,


James M. Barr
Insurance Analyst
Property and Casualty

JMB/ad
enclosures

cc: Susann Mark - Corporate (w/enclosures)
Paul J. Bergman - Townsend
H. A. Schult - Arthur Young & Company (w/enclosures)



Textron Inc.

40 Westminster Street
Providence, R.I. 02903
401/421-2800

June 27, 1983

Regional Administrator
U.S. Environmental Protection Agency
Waste Management Branch
230 South Dearborn Street
Chicago, IL 60604

Re: Updated Financial Assurance Requirements Demonstrating
Financial Responsibility for Liability Coverage (Non-Sudden)
and Closure and Post-Closure Care

Dear Sir/Madam,

I am the chief financial officer of Textron Inc., 40 Westminster Street, Providence, Rhode Island 02903. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The owner or operator identified above is the owner or operator of the following facilities listed on Exhibit A hereto for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265.

1. The owner or operator identified above owns or operates the following facilities listed on Exhibit B hereto for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility.
2. The owner or operator identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure and post-closure care of the following facilities listed on Exhibit C hereto owned or operated by its subsidiaries. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility.
3. In states where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 and 265, this owner or operator is demonstrating financial assurance for the closure or post-closure care of the following facilities listed on Exhibit D hereto through the test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility.

Financial Assurance Requirements

June 27, 1983

Page Two

4. The owner or operator identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a state through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent state mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: None.

This owner or operator is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this owner or operator ends on the Saturday nearest to the thirty-first day of December in each year, whether such Saturday falls in December or in January. The figures for the following items marked with an asterisk are derived from this owner's or operator's independently audited, year-end financial statements for the latest completed fiscal year, ended January 1, 1983.

ALTERNATIVE II

1. Sum of current closure and post-closure cost estimates (total of <u>all</u> cost estimates listed above)	\$ <u>1,977,421</u>
2. Amount of annual aggregate liability coverage to be demonstrated	\$ <u>6,000,000</u>
3. Sum of lines 1 and 2	\$ <u>7,977,421</u>
*4. Current bond rating of most recent issuance and name of rating service	<u>A-3 - Moody's</u>
*5. Date of issuance of bond	<u>June 15, 1980</u>
*6. Date of maturity of bond	<u>June 15, 2005</u>
*7. Tangible net worth (if any portion of the closure or post-closure cost estimates is included in "total liabilities" on your financial statements you may add that portion to this line)	\$ <u>1,326,346,000</u>
*8. Total assets in the U.S. (required only if less than 90% of assets are located in the U.S.)	\$ <u>1,739,000,000</u>

Financial Assurance Requirements

June 27, 1983

Page Three

	YES	NO
9. Is line 7 at least \$10 million?	<u>X</u>	<u> </u>
10. Is line 7 at least 6 times line 3?	<u>X</u>	<u> </u>
*11. Are at least 90% of assets located in the U.S.? If not, complete line 12	<u> </u>	<u>X</u>
12. Is line 8 at least 6 times line 3?	<u>X</u>	<u> </u>

*As of 1/1/83

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(g) as such regulations were constituted on the date shown immediately below.

Yours truly,

William J. Ledbetter
Executive Vice President
Finance and Planning

Dated: 6/27/83

WJL/ad

	<u>Location</u>	<u>EPA #</u>
Sheaffer Eaton	301 Avenue H Ft. Madison, IA	IAD005267745
Homelite	Little Mountain Road Gastonia, NC 28052	NCD091249417
Bridgeport Machines	500 Lindley Street Bridgeport, CT 06601	CTD0072134927
	Atlantic Street Bridgeport, CT 06601	CTD00841320
E-Z-Go	Marvin Griffin Road Augusta, GA 30913	GAD003302064
Spencer Kellogg	6401 Chemical Road Baltimore, MD 21226	MDD069377042
	400 Doremus Avenue Newark, NJ 07105	NJD092217892
Bell Helicopter	600 E. Hurst Blvd. Ft. Worth, TX 76053	TXD980626006
	Plant 5 Highway 360 Avenue K Grand Prairie, TX 75050	TXD000764498
	Avenue Z at 5th St. Amarillo, TX 79120	TXD043160696
Bell Aerospace	2221 Niagara Falls Blvd. Wheatfield, NY 52627	NYD002106276
Townsend	P.O. Bos 6396 Columbia, SC 29260	SCD069326171
	6600 Oak Park Avenue Chicago, IL 60638	ILD042843854

Exhibit B

	<u>Location</u>	<u>EPA #</u>	<u>Closure Costs</u>	<u>Post Closure Costs</u>
Sheaffer Eaton	301 Avenue H Ft. Madison, IA	IAD005267745	\$ 17,850	
Homelite	Little Mountain Road Gastonia, NC 28052	NCD091249417	26,250	
Bridgeport Machines	500 Lindley Street Bridgeport, CT 06601	CTD0072134927	4,395	
	Atlantic Street Bridgeport, CT 06601	CTD00841320	394	
E-Z-Go	Marvin Griffin Road Augusta, GA 30913	GAD003302064	27,195	
Spencer Kellogg	6401 Chemical Road Baltimore, MD 21226	MDD069377042	78,750	
	400 Doremus Avenue Newark, NJ 07105	NJD092217892	52,500	
Bell Helicopter	600 E. Hurst Blvd. Ft. Worth, TX 76053	TXD980626006	559,546	
	Plant 5 Highway 360 Avenue K Grand Prairie, TX 75050	TXD000764498	591,202	
	Avenue Z at 5th St. Amarillo, TX 79120	TXD043160696	69,139	
Bell Aerospace	2221 Niagara Falls Blvd. Wheatfield, NY 52627	NYD002106276	\$181,650	
Townsend	P.O. Bos 6396 Columbia, SC 29260	SCD069326171	\$315,000	\$52,500
	6600 Oak Park Avenue Chicago, IL 60638	ILD042843854	1,050	

Exhibit C

	<u>Location</u>	<u>EPA #</u>	<u>Closure Costs</u>	<u>Post Closure Costs</u>
Bell Helicopter	600 E. Hurst Blvd. Ft. Worth, TX 76053	TXD980626006	558,480	
	Plant 5 Highway 360 Avenue K Grand Prairie, TX 75050	TXD000764498	590,076	
	Avenue Z at 5th St. Amarillo, TX 79120	TXD043160696	69,008	

Exhibit D

	<u>Location</u>	<u>EPA #</u>	<u>Closure Costs</u>	<u>Post Closure Costs</u>
Sheaffer Eaton	301 Avenue H Ft. Madison, IA	IAD005267745	\$ 17,816	
Spencer Kellogg	6401 Chemical Road Baltimore, MD 21226	MDD069377042	78,600	
Homelite	Little Mountain Road Gastonia, NC 28052	NCD091249417	26,200	
E-Z-Go	Marvin Griffin Road Augusta, GA 30913	GAD003302064	27,143	
Townsend	P.O. Bos 6396 Columbia, SC 29260	SCD069326171	\$314,400	\$52,400
Bell Helicopter	600 E. Hurst Blvd. Ft. Worth, TX 76053	TXD980626006	558,480	
	Plant 5 Highway 360 Avenue K Grand Prairie, TX 75050	TXD000764498	590,076	
	Avenue Z at 5th St. Amarillo, TX 79120	TXD043160696	69,007	
Bridgeport Machines	500 Lindley Street Bridgeport, CT 06601	CTD0072134927	4,387	
	Atlantic Street Bridgeport, CT 06601	CTD00841320	393	

ARTHUR YOUNG

ARTHUR YOUNG & COMPANY
277 PARK AVENUE
NEW YORK, NEW YORK 10172

June 27, 1983

The Board of Directors
Textron Inc.

We have examined the consolidated financial statements of Textron Inc. for the year ended January 1, 1983 and have issued our report thereon dated February 8, 1983. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

We have read the letters dated June 27, 1983 from William J. Ledbetter, chief financial officer of Textron Inc., submitted to the Regional Administrators of the Environmental Protection Agency in support of the use of the financial test, as specified in Subpart H of 40 CFR Parts 264 and 265, to demonstrate financial assurance for closure and post-closure care of the Corporation's hazardous waste facilities at the locations listed in those letters.

In connection with Subpart H of 40 CFR Parts 264 and 265, we have compared the independently audited consolidated financial statements of Textron Inc. for the year ended January 1, 1983, the latest fiscal year, to the data in those letters indicated as being derived from such independently audited financial statements. In connection with this comparison, no matters came to our attention that caused us to believe that the specified data should be adjusted.

This report is solely to assist you in complying with the reporting requirements associated with the financial test, as specified in Subpart H of 40 CFR Parts 264 and 265, to demonstrate financial assurance for the closure and post-closure care and should not be referred to or used for any other purpose.

Arthur Young & Company



Textron Inc.

40 Westminster Street
Providence, R.I. 02903
401/421-2800

January 14, 1983

CERTIFIED MAIL

Regional Administrator
U.S. Environmental Protection Agency
Waste Management Branch
230 South Dearborn Street
Chicago, IL 60604

Re: Financial Requirements for Closure and Post-Closure
and Non-Sudden Liability Coverage

Dear Sir/Madam,

Textron Inc., a diversified manufacturing company headquartered in Providence, R.I. with a manufacturing Division within your region, is subject to RCRA regulations applicable to owners and operators of Hazardous Waste Treatment, Storage, and Disposal Facilities.

In response to liability requirements as set forth in 40 CFR Section 264.151(g) as respects non-sudden liability coverage for our Townsend Division located at 6600 Oak Park Avenue, Chicago, IL 60638, we submit the following in compliance with the referenced RCRA requirement:

- (1) Letter dated January 13, 1983 from the chief financial officer of Textron Inc. as specified in 40 CFR 264.151(g) of the RCRA regulations;
- (2) A copy of the 1981 Annual Report of Textron Inc., containing a report by Arthur Young & Company on Textron's financial statements for the fiscal year ended January 2, 1982;
- (3) Letter dated January 14, 1983 from Arthur Young and Company as to the financial information contained in the letter referred to in paragraph (1) above.

Please contact the undersigned if you require additional information.

Very truly yours,

James M. Barr
Insurance Analyst
Property and Casualty

RECEIVED

JAN 17 1983

WASTE MANAGEMENT BRANCH
EPA, REGION V

JMB/ad

enclosures

cc: Susann Mark - Corporate (w/enclosures)
Paul J. Bergman - Townsend
H. A. Schult - Arthur Young & Company (w/enclosures)



Textron Inc.

40 Westminster Street
Providence, R.I. 02903
401/421-2800

January 13, 1983

Regional Administrator
U.S. Environmental Protection Agency
Waste Management Branch
230 South Dearborn Street
Chicago, IL 60604

Re: Financial Assurance Requirements Demonstrating
Financial Responsibility for Liability Coverage (Non-Sudden) and
Closure and Post-Closure Care

Dear Sir/Madam,

I am the chief financial officer of Textron Inc., 40 Westminster Street, Providence, Rhode Island 02903. This letter is in support of the use of the financial test to demonstrate financial responsibility for liability coverage and closure and post-closure care as specified in Subpart H of 40 CFR Parts 264 and 265.

The owner or operator identified above is the owner or operator of the following facilities listed on Exhibit A hereto for which liability coverage is being demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265.

1. The owner or operator identified above owns or operates the following facilities listed on Exhibit B hereto for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility.
2. The owner or operator identified above guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure and post-closure care of the following facilities listed on Exhibit C hereto owned or operated by its subsidiaries. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility.
3. In states where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 and 265, this owner or operator is demonstrating financial assurance for the closure or post-closure care of the following facilities listed on Exhibit D hereto through the test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility.

Financial Assurance Requirements

January 13, 1983

Page Two

4. The owner or operator identified above owns or operates the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a state through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent state mechanisms. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: None.

This owner or operator is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this owner or operator ends on the Saturday nearest to the thirty-first day of December in each year, whether such Saturday falls in December or in January. The figures for the following items marked with an asterisk are derived from this owner's or operator's independently audited, year-end financial statements for the latest completed fiscal year, ended January 2, 1982.

ALTERNATIVE II

1. Sum of current closure and post-closure cost estimates (total of <u>all</u> cost estimates listed above)	\$ <u>1,883,259</u>
2. Amount of annual aggregate liability coverage to be demonstrated	\$ <u>6,000,000</u>
3. Sum of lines 1 and 2	\$ <u>7,883,259</u>
*4. Current bond rating of most recent issuance and name of rating service	<u>A⁺ (Standard and Poor)</u>
*5. Date of issuance of bond	<u>June 15, 1980</u>
*6. Date of maturity of bond	<u>June 15, 2005</u>
7. Tangible net worth (if any portion of the closure or post-closure cost estimates is included in "total liabilities" on your financial statements you may add that portion to this line)	\$ <u>1,179,100,000.00</u>
8. Total assets in the U.S. (required only if less than 90% of assets are located in the U.S.)	\$ <u>1,799,000,000.00</u>

Financial Assurance Requirements

January 13, 1983

Page Three

	YES	NO
9. Is line 7 at least \$10 million?	<u>X</u>	<u> </u>
10. Is line 7 at least 6 times line 3?	<u>X</u>	<u> </u>
*11. Are at least 90% of assets located in the U.S.? If not, complete line 12	<u> </u>	<u>X</u>
12. Is line 8 at least 6 times line 3?	<u>X</u>	<u> </u>

*As of 1/2/82

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(g) as such regulations were constituted on the date shown immediately below.

Yours truly,

William J. Ledbetter

William J. Ledbetter
Executive Vice President
Finance and Planning

Dated: JAN. 13, 1983

WJL/ad

ARTHUR YOUNG

ARTHUR YOUNG & COMPANY
277 PARK AVENUE
NEW YORK, NEW YORK 10172

January 13, 1983

The Board of Directors
Textron Inc.

We have examined the consolidated financial statements of Textron Inc. for the year ended January 2, 1982 and have issued our report thereon dated February 9, 1982. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

We have read the letters dated January 13, 1983 from William J. Ledbetter, chief financial officer of Textron Inc., submitted to the Regional Administrators of the Environmental Protection Agency in support of the use of the financial test, as specified in Subpart H of 40 CFR Parts 264 and 265, to demonstrate financial assurance for closure and post-closure care and non-sudden liability coverage of the Corporation's hazardous waste facilities at the locations listed in those letters.

In connection with Subpart H of 40 CFR Parts 264 and 265, we have compared the independently audited consolidated financial statements of Textron Inc. for the year ended January 2, 1982, the latest fiscal year on which we have reported, to the data in those letters indicated as being derived from such independently audited financial statements. In connection with this comparison, no matters came to our attention that caused us to believe that the specified data should be adjusted.

This report is solely to assist you in complying with the reporting requirements associated with the financial test, as specified in Subpart H of 40 CFR Parts 264 and 265, to demonstrate financial assurance for the closure and post-closure care and non-sudden liability coverage and should not be referred to or used for any other purpose.

Arthur Young & Company

**D. Corrective
Action**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

HRE-8J

July 31, 1992

Mr. William Bettiga
Litho-Graphic Metal Corp.
6600 South Oak Park Ave.
Bedford Park, IL 60638

Re: Visual Site Inspection
Litho-Graphic Metal Corp.
ILD 042 843 854

Dear Mr. Bettiga:

As indicated in the letter of introduction sent to you on July 24, 1991, the U.S. Environmental Protection Agency is enclosing a copy of the final Preliminary Assessment/Visual Site inspection (PA/VSI) report for the referenced facility. The executive summary and conclusions and recommendations sections have been withheld as Enforcement Confidential.

If you have any questions, please call Francene Harris at (312) 886-2884.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "K. Pierard", written over a horizontal line.

Kevin M. Pierard, Chief
Minnesota/Ohio Technical Enforcement Section
RCRA Enforcement Branch

PRC Environmental Management, Inc.
233 North Michigan Avenue
Suite 1621
Chicago, IL 60601
312-856-8700
Fax 312-938-0118

RECEIVED
WMD RECORD CENTER

JAN 03 1995



**PRELIMINARY ASSESSMENT/
VISUAL SITE INSPECTION**

**LITHO-GRAPHIC METAL CORP.
BEDFORD PARK, IL
ILD 042 843 854**

FINAL REPORT

Prepared for

**U.S. ENVIRONMENTAL PROTECTION AGENCY
Office of Waste Programs Enforcement
Washington, DC 20460**

Work Assignment No.	:	R05032
EPA Region	:	5
Site No.	:	ILD 042 843 854
Date Prepared	:	June 26, 1992
Contract No.	:	68-W9-0006
PRC No.	:	109R05032IL11
Prepared by	:	B&V Waste Science and Technology Corp. Ramona Reints
Telephone No.	:	(312) 346-3775
Contractor Project Manager	:	Shin Ahn
Telephone No.	:	(312) 856-8700
EPA Work Assignment Manager	:	Kevin Pierard
Telephone No.	:	(312) 886-4448

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
EXECUTIVE SUMMARY	ES-1
1.0 INTRODUCTION	1
2.0 FACILITY DESCRIPTION	3
2.1 FACILITY LOCATION	3
2.2 FACILITY OPERATIONS	3
2.3 WASTE GENERATING PROCESSES	3
2.4 HISTORY OF DOCUMENTED RELEASES	7
2.5 REGULATORY HISTORY	7
2.6 ENVIRONMENTAL SETTING	9
2.6.1 Climate	9
2.6.2 Flood Plain and Surface Water	9
2.6.3 Geology and Soils	9
2.6.4 Groundwater	9
2.7 RECEPTORS	11
3.0 SOLID WASTE MANAGEMENT UNITS	12
4.0 AREAS OF CONCERN	16
5.0 CONCLUSIONS AND RECOMMENDATIONS	17
REFERENCES	21

Attachments

- A VISUAL SITE INSPECTION SUMMARY AND PHOTOGRAPHS
- B VISUAL SITE INSPECTION FIELD NOTES

LIST OF TABLES

<u>Table</u>		
1	SOLID WASTE MANAGEMENT UNITS (SWMU)	6
2	SOLID WASTES	8
3	SWMU SUMMARY	20

LIST OF FIGURES

<u>Figure</u>		
1	FACILITY LOCATION	4
2	FACILITY LAYOUT	5

EXECUTIVE SUMMARY

ENFORCEMENT
CONFIDENTIAL

B&V Waste Science and Technology Corp. (BVWST), performed a preliminary assessment and visual site inspection (PA/VSI) to identify and assess the existence and likelihood of releases from solid waste management units (SWMUs) and other areas of concern (AOCs) at the Litho-Graphic Metal Corp. (Litho-Graphic) facility in Bedford Park, Illinois. This report summarizes the results of the PA/VSI and evaluates the potential for releases of hazardous wastes or hazardous constituents from SWMUs and AOCs identified.

The Litho-Graphic facility engages in metal decorating. This includes the coating or painting on metal, printing on metal and metal stamping. Litho-Graphic began operations at the current location in 1986 and employs 28 people at the present time. The facility operates as a small quantity generator.

The previous owner and operator of the facility was Textron, Inc. (TEXTRON). Textron manufactured rivets, solid rivets and specially cold formed metal products, generating plating waste and waste oil until 1985. Specific information regarding start-up dates and waste management practices of Textron could not be obtained from the company in a timely manner.

The PA/VSI identified the following five SWMUs and no AOCs at the facility:

Solid Waste Management Units

1. Indoor storage area of drummed hazardous waste.
2. Incinerator/afterburner.
3. Prior location of waste storage tanks.
4. Scrap metal hoppers and pallets.
5. Satellite accumulation area.

RELEASED
DATE 2/5/01
RIN # CAV
INITIALS CAV

The potential for a release of hazardous constituents to groundwater from this facility is low to moderate. SWMUs which handle hazardous waste are inspected regularly and have sufficient release controls to minimize release potential. A previously used underground storage tank was removed but no data is available on tank integrity or sampling of surrounding soils. Groundwater is not used as the primary source of drinking water in the Chicago area. However, some private wells are used for industrial purposes within 0.25 mile of the facility.

ENFORCEMENT
CONFIDENTIAL

The potential for a release of hazardous constituents to the surface water from the facility is low. The Des Plaines River is located two miles northwest of the facility and Lake Michigan is twelve miles northeast of the facility. There is no discharge of wastewater to storm sewers.

The potential for release of hazardous constituents to soils is low to moderate. No data is available on the above ground and below ground storage tanks when they were removed. Soil sampling is recommended.

The potential for a release of hazardous constituents to air is low. File documentation indicates that emissions from the incinerator/afterburner (SWMU 2) have been below permissible levels. No other potential air releases were noted.

Receptors of potential releases at the facility include Litho-Graphic employees and nearby residents. A fence surrounds the facility. No sensitive environments have been identified within two miles of the facility.

RELEASED
DATE 2/5/01
RIN # WW
INITIALS WW

1.0 INTRODUCTION

PRC Environmental Management, Inc. (PRC), received Work Assignment No. R05032 from the U.S. Environmental Protection Agency (EPA) under Contract No. 68-W9-0006 (TES 9) to conduct preliminary assessments (PAs) and visual site inspections (VSIs) of hazardous waste treatment and storage facilities in Region 5. B&V Waste Science and Technology Corp. (BVWST) was contracted by PRC to conduct the PA/VSI for the Litho-Graphic facility.

As part of the EPA Region 5 Environmental Priorities Initiative, the RCRA and CERCLA programs are working together to identify and address RCRA facilities that have a high priority for corrective action using applicable RCRA and CERCLA authorities. The PA/VSI is the first step in the process of prioritizing facilities for corrective action. Through the PA/VSI process, enough information is obtained to characterize a facility's actual or potential releases to the environment from solid waste management units (SWMU) and areas of concern (AOC).

A SWMU is defined as any discernible unit at a RCRA facility in which solid wastes have been placed and from which hazardous constituents might migrate, regardless of whether the unit was intended to manage solid or hazardous waste.

The SWMU definition includes the following:

- RCRA-regulated units, such as container storage areas, tanks, surface impoundments, waste piles, land treatment units, landfills, incinerators, and underground injection wells
- Closed and abandoned units
- Recycling units, wastewater treatment units, and other units that EPA has generally exempted from standards applicable to hazardous waste management units
- Areas contaminated by routine and systematic releases of wastes or hazardous constituents. Such areas might include a wood preservative drippage area, a loading-unloading area, or an area where solvent used to wash large parts has continually dripped onto soils.

An AOC is defined as any area where a release to the environment of hazardous waste or constituents has occurred or is suspected to have occurred on a nonroutine and nonsystematic basis. This includes any area where such a release in the future is judged to be a strong possibility.

The purpose of the PA is as follows:

- Identify SWMUs and AOCs at the facility.
- Obtain information on the operational history of the facility.
- Obtain information on releases from any units at the facility.
- Identify data gaps and other informational needs to be filled during the VSI.

The PA generally includes review of all relevant documents and files located at state offices and at the EPA Region 5 office in Chicago.

The purpose of the VSI is as follows:

- Identify SWMUs and AOCs not discovered during the PA.
- Identify releases not discovered during the PA.
- Provide a specific description of the environmental setting.
- Provide information on release pathways and the potential for releases to each medium.
- Confirm information obtained during the PA regarding operations, SWMUs, AOCs, and releases.

The VSI includes interviewing appropriate facility staff, inspecting the entire facility to identify all SWMUs and AOCs, photographing all SWMUs, identifying evidence of releases, initially identifying potential sampling locations, and obtaining all information necessary to complete the PA/VSI report.

This report documents the results of a PA/VSI of the Litho-Graphic facility in Bedford Park, Illinois. The PA was completed on August 2, 1991. BVWST gathered and reviewed information from Illinois EPA and from EPA Region 5 RCRA files. The VSI was conducted on August 7, 1991. It included interviews with Carol and William Bettiga, facility representatives and a walk-through inspection of the facility. Four SWMUs and no AOCs were identified at the facility.

The VSI is summarized and inspection photographs are included in Attachment A. Field notes from the VSI are included in Attachment B.

2.0 FACILITY DESCRIPTION

2.1 FACILITY LOCATION

The Litho-Graphic facility is located at 6600 South Oak Park Avenue in the village of Bedford Park, Cook County, Illinois; Township 38 North, Range 13 East; Section 19, (latitude 41° 46' 220" and longitude 87° 49' 190") (Figure 1). The facility occupies approximately 3.5 acres in an industrial area.

The Litho-Graphic facility is bordered on the north by Viskase Corp., on the east by Oak Park Avenue, on the south by a railroad spur and Mor-Pak, Inc., and on the west by a vacant lot. Blair and St. Rene schools are located within four blocks of the facility.

Litho-Graphic is surrounded by a security fence and is equipped with a security system. The site can be assessed only from Oak Park Avenue.

2.2 FACILITY OPERATIONS

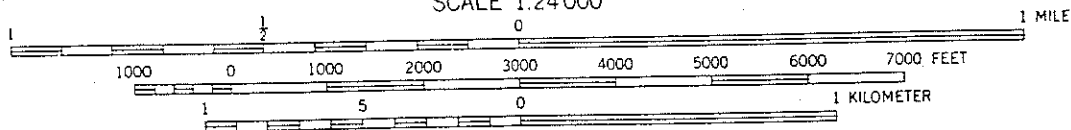
The Litho-Graphic facility engages in metal decorating. This includes the activities of coating or painting on metal, printing on metal and metal stamping. These processes generate two to four drums of spent solvent each month. Full drums are temporarily stored in the paint room until they are taken off site. Litho-Graphic began operations at its current location in 1986 and employs 28 people. The facility consists of one building, which houses all operations, and a parking lot (Figure 2). Prior to 1986, the building was occupied Textron, Inc. (Textron), a manufacturer of tubular rivets, solid rivets and specialty cold formed metal products. Information regarding Textron's waste management practices is not readily available.

2.3 WASTE GENERATING PROCESSES

The waste streams generated at the Litho-Graphic facility are spent solvents, metal scraps, and waste gases. Waste solvent is generated when the coater/varnisher station is cleaned between coatings. Solvents which clean the coater/varnisher station include #82 thinner, consolve 150, methyl ethyl ketone, and mineral spirits. The spent solvent is collected in a drip pan under the station and poured from the drip pan into a 55 gallon drum (SWMU #5) which has been labelled and dated. When it is full, the 55 gallon drum is moved to the hazardous waste drum storage area (SWMU #1), within the paint room. Two to four drums of spent solvent are generated by this process each month. Every few months the drums



SCALE 1:24 000



QUADRANGLE LOCATION

BERWYN, ILL
N4145-W8745/7.5

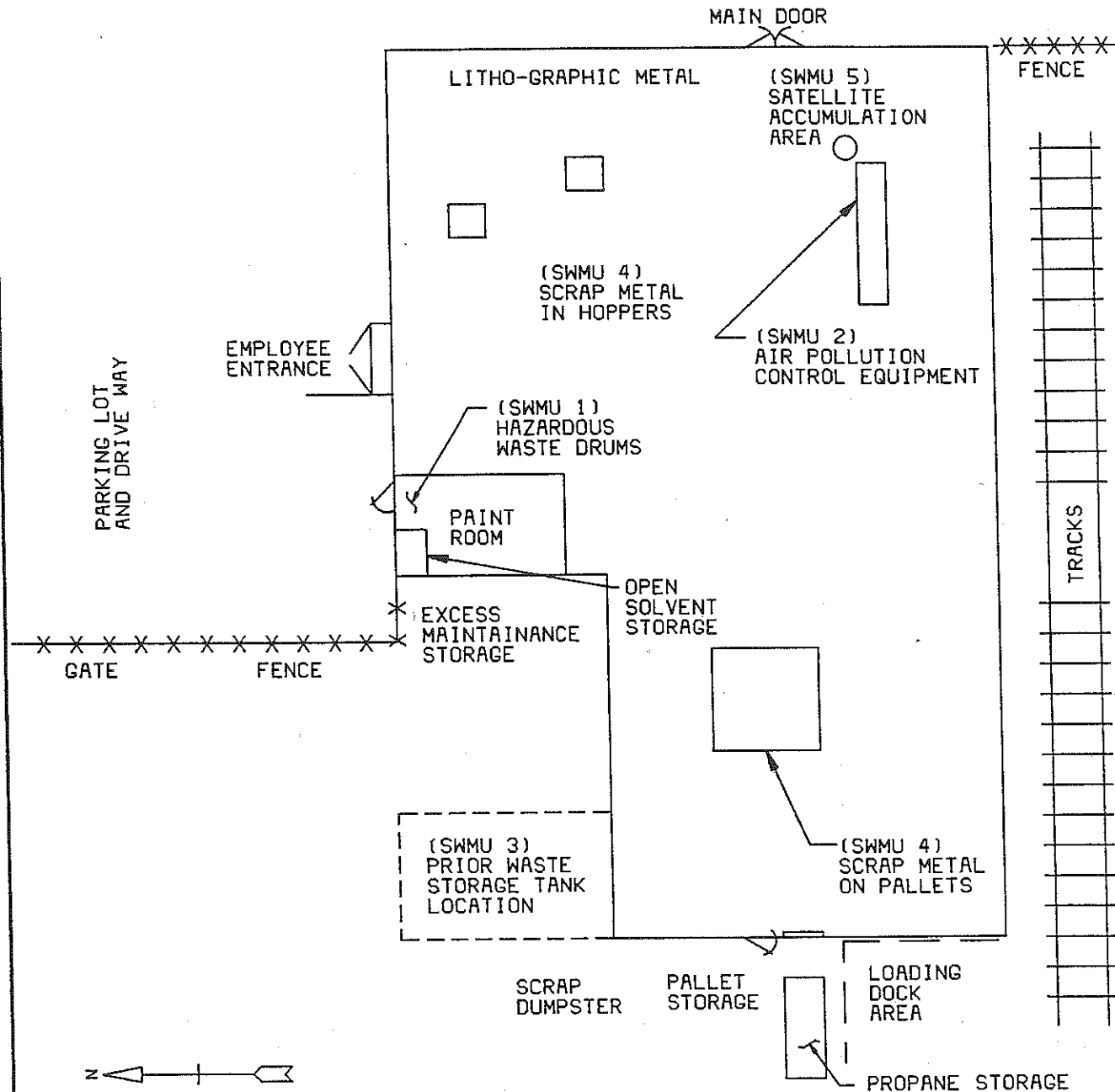
SOURCE: 1963 PHOTOREVISED 1972 AND
1980 DMA 3467 IV SE-SERIES V863

LITHO-GRAPHIC METAL CORP.
CHICAGO, ILLINOIS
PA/VSI

FIGURE 1
FACILITY LOCATION



OAK PARK AVENUE



SCALE: NONE

LITHO-GRAPHIC METAL CORP.
CHICAGO, ILLINOIS
PA/VSI

FIGURE 2
FACILITY LAYOUT



CAD DWG NO: C0001154/P
DATE: 9-23-91 PVT
PLOT SCALE: 1=1

TABLE 1
SOLID WASTE MANAGEMENT UNITS (SWMU)

<u>SWMU Number</u>	<u>SWMU Name</u>	<u>RCRA Hazardous Waste Management Unit*</u>	<u>Status</u>
1	Hazardous Waste Drum Storage	No	Active
2	Incinerator/Afterburner	No	Active
3	Prior Waste Storage Tank Location	No**	Inactive
4	Scrap Metal Hoppers and Pallets	No	Active
5	Satellite Accumulation Area	No	Active

Note:

* A RCRA hazardous waste management unit is one that currently requires or formerly required a RCRA Part A or Part B permit.

** Alleged protective filer.

are shipped offsite via Mr. Frank Environmental Services to Petro-Chem Processing Inc. in Detroit, Michigan, for solvent recovery and fuel blending.

Metal scraps are generated during the metal stamping process. Metal scraps are collected in hoppers, and on pallets (SWMU #4) and stored inside the building until they are sold to a scrap dealer.

Waste gases are generated when the oven is used to dry coatings onto the metal. The waste gases contain volatilized solvents used in the coatings. The solvents are blown into the incinerator afterburner from the oven and burned by two seven to eight million BTV burners (Bettiga, 1990) (SWMU #2). The off main coating heated is called GL-150. The incinerator/afterburner is 95% efficient (Bettiga, 1991).

During past operations of former occupant Textron, a plating waste and a waste oil were generated. Both of these wastes were stored in two 3,000 gallon tanks located in the parking lot (IEPA, 1982) (SWMU #3). The plating waste tank was above ground and the waste oil tank was below ground. According to the current owner, these tanks were removed as part of a contractual agreement between Textron and Litho-Graphic prior to Litho-Graphic's occupancy of the site. The prior location of these tanks is shown in photograph 3.

2.4 HISTORY OF DOCUMENTED RELEASE

There is no record of a release from solid waste management units at this facility. During the VSI, a strong solvent odor was present in the open solvent storage room. This room, which contains all opened drums of solvent, is located within the paint room. It is monitored by a LEL meter which activates an alarm and ventilation system when a certain level is exceeded.

2.5 REGULATORY HISTORY

On November 19, 1980 the previous owner and operator, Textron, submitted a Part A Permit Application for the storage of hazardous waste in tanks. Textron filed the Part A in the event they decided to store the tanked waste for more than 90 days, but now claims they were a protective filer and never operated as a storage facility during their occupancy at the site. In 1988, IEPA sent a letter to Textron requesting them to complete a Part A Withdraw Request Form. Textron did so, requesting their Part A be withdrawn and for the regulatory status of the site to be changed to generator (IEPA, 1988). On August 1, 1990, IEPA notified Textron that their Part A had been withdrawn (IEPA, 1990).

TABLE 2
SOLID WASTES

<u>Waste/EPA Waste Code</u>	<u>Source</u>	<u>Primary Management Unit</u>
Spent Solvents/F003, F005	Cleaning Coating/Varnish Station	1, 5
Scrap Metal	Metal Stamping Process	4
Plating Wastes	Unknown	3
Waste Oil	Unknown	3

SWMU 3 is inactive unit

Litho-Graphic does not operate a storage facility and thus is subject to reduced requirements. Litho-Graphic was issued an operating permit for their air pollution control equipment on September 24, 1987 (IEPA, 1987). This equipment consists of one litho press station, one coating varnish station with oven and afterburner, one waxer and one boiler. On January 3, 1989, a joint construction and operating permit was issued to allow for an additional boiler (IEPA, 1989).

2.6 ENVIRONMENTAL SETTING

This section describes the climate, flood plain and surface water, geology and soils, and groundwater in the vicinity of the Litho-Graphic facility.

2.6.1 Climate

The climate of Chicago, Illinois is humid continental type. The average daily maximum temperature is 58.7°F, and the average daily minimum temperature is 39.7°F. Annual precipitation for the area is 33.34 inches. The highest 24-hour rainfall recorded was 9.35 inches occurring in August of 1987 (National Weather Bureau, 1991). The average snowfall is 38.2 inches (Ruffner, 1977).

2.6.2 Flood Plain and Surface Water

Surface water drainage in the area of the Litho-Graphic is to the west, toward the Des Plaines River approximately 2 miles west of the site. Runoff from precipitation goes to storm sewers which discharge to the Metropolitan Water Reclamation District.

The Litho-Graphic facility lies above the 500 year flood plain (FEMA, 1991).

2.6.3 Geology and Soils

The near-surface soil near Litho-Graphic has been classified as a nearly level, poorly drained soil resulting from the deposit of clay and silt in a glacial lake (USDA, 1979). There was no site specific soils information available for the Litho-Graphic facility.

2.6.4 Groundwater

The Litho-Graphic site is serviced by municipal water. Municipal water is originally taken from Lake Michigan. The nearest private wells in use for industrial purposes are located on the adjacent Viskase Corp. site. Layne-Western, the well company that currently maintains the wells, supplied BVWST with copies of the well logs (Appendix C). The logs indicate that the first bedrock layer was encountered at 93

feet, and the wells were drilled to 1582 feet and 1640 feet. The wells most likely terminate in a confined aquifer. The characteristics of groundwater flow beneath the Litho-Graphic facility is not known specifically.

Groundwater is obtained from four major aquifer systems in northeastern Illinois -- the glacial drift system, the shallow bedrock system, and two deep bedrock systems. They are distinguished by their hydrologic properties and recharge source areas (Hughes et al., 1966). In central Cook County, the glacial drift is thin and sand and gravel deposits are correspondingly thin or are absent. Virtually all wells drilled will have to penetrate bedrock for groundwater supplies (Bergstrom et al., 1955).

The shallow bedrock aquifer system in northeastern Illinois underlies the glacial drift system and is mainly comprised of the Silurian dolomite formations. The upper boundary of this system is the bedrock-drift contact, and the lower boundary is the middle Ordovician age Galena-Platteville Dolomite. Water from this aquifer is obtained from fractures and solution opening in the Silurian dolomite beds (Hughes et al., 1966). The facility lies in an area where dolomite lies directly below the glacial drift which yields groundwater through open crevices and channels (Bergstrom et al., 1955). The shallow bedrock aquifer system is recharged locally from precipitation (Hughes et al., 1968).

The deep bedrock aquifer systems include the Cambrian-Ordovician aquifer system and the Mt. Simon aquifer system. The Cambrian-Ordovician aquifer system contains two major aquifers, the Glenwood-St. Peter aquifer and the Ironton-Galesville aquifer. The top of the Cambrian Ordovician aquifer system is the Galena-Platteville Dolomite. The Glenwood-St. Peter aquifer is widely utilized where water requirements are less than 200 gallons per minute (gpm). This unit has a permeability between 9 to 15 gallons per day per square foot (gpd/sq. ft.). The Ironton-Galesville Sandstone aquifer has a permeability between 30 and 40 gpd/sq. ft. Recharge to the deep bedrock aquifer systems is mostly from west and north of the six county metropolitan area, where rocks crop out at the surface or lie immediately below the glacial drift. Minor recharge does occur through leakage downward through the shallow bedrock aquifer system (Hughes et al., 1966).

The Mt. Simon aquifer system is bounded above by the relatively impermeable shales and siltstones of the upper and middle Eau Claire Formation and below by the crystalline pre-Cambrian basement rock. The average permeability of the aquifer system is 16 gpd/sq. ft. (Hughes et al., 1966) and recharge is largely from the outcrop region of Cambrian rocks in central southern Wisconsin (Willman, 1971).

The Litho-Graphic facility occupies 3.5 acres of an industrial park in the village of Bedford Park, Illinois. Bedford Park is 6.5 square miles in area, with a population of 580 residents. Bedford Park has one grammar school (Village of Bedford Park).

The site is bordered on the north by Viskase Corp., on the east by Oak Park Avenue, on the south by a railroad spur and Mor-Pak, Inc., and on the west by a vacant lot. The nearest residence is located two blocks north of the facility and two schools are located four blocks north of the facility. The site is surrounded by a security fence and a security system has been installed. Access to the site is only achieved via Oak Park Avenue. The facility operates 10 to 11 hours a day Monday-Friday and half a day on Saturday.

The Des Plaines River and the Sanitary Ship Canal are located approximately 2 miles west of the facility. The Des Plaines River receives some recreational use. Area residents and industry are served by municipal water from Lake Michigan. Groundwater use in the area is for industrial purposes. Wells are located within 0.25 miles of the facility. There are no sensitive environments in the area.

3.0 SOLID WASTE MANAGEMENT UNITS

This section describes the three SWMUs identified during the PA/VSI. The following information is presented for each SWMU: description of the unit, dates of operation, wastes managed, release controls, history of documented release, and observations.

SWMU 1

Hazardous Waste Drum Storage Area

Unit Description:

The hazardous waste drum storage area is a ten foot by ten foot area located in the Northeast corner of the paint room which has a capacity for approximately 12 drums (Photo 1). The paint room is a 38 foot by 30 foot room constructed of cinder block walls and concrete floors. Approximately 100 drums of product are stored here. The floors of the room are recessed.

Date of Startup:

This unit began operation in 1987.

Date of Closure:

This facility is currently active. This SWMU is a less than 180 days storage area for spent solvents. Therefore, closure is not required.

Wastes Managed:

Spent solvents generated during cleaning of the coater/varnisher are stored on this unit. The solvents include #82 thinner, consolve 150, methyl ethyl ketone, and mineral spirits.

Release Controls:

This storage area is located within a cinder block walled room designed for containment. Doors are located 8 inches above the floor. Floor dry is present to absorb small spills immediately, should one occur.

History of Documented Release:

No releases from this SWMU have been documented.

Observations:

The area contains drums of product and hazardous waste which are labelled and dated. Drums appeared to be in sound condition. No evidence of release was observed.

SWMU 2**Incinerator/Afterburner**

Unit Description: The incinerator/afterburner is designed to control emissions generated from the Litho-line #1 operation (Photo 2). Metal coatings are dried in the oven. Some of the solvents volatilize into the air stream, generating waste gas. The waste gas is blown into the incinerator/afterburner and destroyed by two burners. The burners each generate seven to eight million BTUs of heat. The unit has a 95% destruction efficiency.

Date of Startup: This unit began operations in 1987.

Date of Closure: This unit is currently active. The air pollution control equipment is currently permitted by IEPA. The permit expires December 27, 1993.

Wastes Managed: The incinerator/afterburner destroys residual solvent from the drying oven. The primary coatings being dried is GL-150 (Bettiga, 1991). The specific constituents of this coating is proprietary information.

Release Controls: The air pollution control equipment was designed to limit emissions (Bettiga, 1991).

History of Documented Release: There are no documented releases of VOCs emissions in excess of permitted levels.

Observations: No evidence of release was observed.

SWMU 3**Prior Location of Waste Storage Tanks**

Unit Description: The prior location of waste storage tanks is a 25'x25' gravel area in the facility parking lot (Photo 3). Previously, two 3000 gallon tanks were located here, one above ground, one underground. The tanks stored plating waste and waste oil. Information regarding which tank stored which waste is not readily available.

Date of Startup:	The unit start up date is unknown, but assumed to be prior to 1980.
Date of Closure:	This unit never went through closure officially. Prior to the property sale in 1986, Textron removed the tanks.
Wastes Managed:	Wastes that were managed at this SWMU were plating tank sludges and a waste oil trichlor waste stream (IEPA, 1982). Specific information on waste constituents could not be obtained from Textron.
Release Controls:	Release controls were not observed during the VSI.
History of Documented Release:	Soil testing was not conducted at the time of tank removal. The soils, gravel and asphalt in the area appear to be free of any staining. There are no documented releases from this unit.
Observations:	There was no evidence of past spills from the tanks that were housed in this unit. However, there is no information on the integrity of the storage tanks or any sampling data from tank removal.
SWMU 4	Scrap Metal Hoppers and Pallets
Unit Description:	These units consists of scrap metal pieces stored in hoppers and scrap metal sheets stored on pallets (Photo 4). The pallets are stored near the rear door on the west side of the facility. The hoppers are located near the stamping operations on the east side of the facility (Photo 5).
Date of Startup:	This unit began operations in 1987.
Date of Closure:	This facility is currently active. There are no plans to close this SWMU.
Wastes Managed:	Scrap metal pieces and sheets.
Release Controls:	Release controls consist of keeping the waste metal indoors, protected from the weather.

History of
Documented Release:

No releases from this SWMU have been documented.

Observations:

Release from these units is unlikely since the metal is contained and stored indoors, protected from the weather.

SWMU 5

Satellite Accumulation Area

Unit Description:

This unit consists of spent solvents collected in a drip pan and poured into a nearby 55 gallon drum. This drum is located next to the litho-line (Photo 6).

Date of Startup:

This unit began operations in 1987.

Date of Closure:

This facility is currently active. There are no plans to close this SWMU.

Wastes Managed:

Spent solvents (F003, F005) are managed in this SWMU.

Release Controls:

Release controls consist of keeping the waste drums covered and having oil dry available near the drum.

History of
Documented Release:

No releases from this SWMU have been documented.

Observations:

The floor near this drum appeared to have a recent small spill.

4.0 AREAS OF CONCERN

No AOCs were identified.

5.0 CONCLUSIONS AND RECOMMENDATIONS

The PA/VSI identified five SWMUs and no AOCs at the Litho-Graphic facility. Background information on the facility's location, operations, waste generating processes, history of documented release, regulatory history, environmental setting, and receptors is presented in Section 2.0. SWMU-specific information, such as the unit's description, dates of operation, wastes managed, release controls, history of documented release, and observed condition, is discussed in Section 3.0. AOCs are discussed in Section 4.0. Following are conclusions and recommendations for each SWMU and AOC. Table 3 identifies the SWMUs and AOCs at the Litho-Graphic facility and suggested further actions.

SWMU 1

Indoor storage area of drummed hazardous waste

Conclusions:

This drum storage area is located within the paint room. This room was designed for containment, with cinder block walls and doorways located 8" above the floor. The probability of release to environmental media is minimal. The potential for release via environmental media is summarized below.

Groundwater: Low. The room, designed for containment, has concrete floors. Doorways are located 8" above the floor, limiting the possibility of release.

Surface water: Low. The room, designed for containment, has concrete floors. Doors are located 8" above the floor, limiting the possibility of release.

Air: Low. The unit is completely enclosed by cinder brick walls and wastes are stored in closed drums.

Onsite soils: Low. The unit has concrete floors, they keep floor dry present, and wastes are stored in closed drums.

Recommendations:

No further action is recommended.

RELEASED
DATE 2/5/01
RIN #
INITIALS JTV

**ENFORCEMENT
CONFIDENTIAL**

SWMU 2 Incinerator/Afterburner

Conclusions: This unit was designed to limit emissions. This unit is a permitted emission source and releases in excess of permitted levels have never been documented.

Recommendations: No further action is recommended at this time.

SWMU 3 Prior Location of Waste Storage Tanks

Conclusions: An underground storage tank with unknown integrity was removed and no sampling was conducted. Both tanks were in operation for at least 8 years. The previous location of waste storage tanks is a 25x25 gravel area in the facility parking lot. No evidence of release was observed, and no history of releases are documented. The potential for release via environmental media is summarized below.

Groundwater: Moderate. No record of the tank removal has been examined.

Soils: Moderate. The procedure used to remove the tank is not known.

Air: Low. No fugitive gases would be created in this SWMU.

Surface water: Low. Contaminants would be underground or at the sub-surface.

Recommendations: Soil sampling is recommended.

SWMU 4 Scrap Metal Hoppers and Pallets

Conclusions: A release from this SWMU is unlikely to negatively impact environmental media. The metal is stored solid and therefore is very immobile. Also, the scrap metal is all stored inside the facility.

Recommendations: No further action is recommended.

RELEASED 2/5/01
DATE _____
RIN # _____
INITIALS VVV

ENFORCEMENT
CONFIDENTIAL

SWMU 5

Satellite Accumulation Area

Conclusions:

The drums are contained in a room with a concrete floor. They are kept closed and oil dry is kept close by in the event of a spill. The potential for a release via environmental media is low for this unit.

Recommendations:

No further action is recommended.

RELEASED

DATE

RIN #

INITIALS

2/5/01

LLV

ENFORCEMENT
CONFIDENTIAL

TABLE 3
SWMU SUMMARY

<u>SWMU</u>	<u>Operational Dates</u>	<u>Evidence of Release</u>	<u>Suggested Further Action</u>
1. Drum Storage Area	1987 to present	None	No further action
2. Incinerator	1987 to present	None	No further action
3. Prior location of waste storage tanks	Prior to 1980 to 1985	None	Soil sampling is recommended.
4. Scrap Metal Hoppers and Pallets	1987 to present	None	No further action
5. Satellite Accumulation Area	1987 to present	None	No further action

RELEASED

DATE

RIN #

INITIALS

REFERENCES

- Bergstrom, R.E., J.W. Foster, L.F. Selkregg and W.A. Pryor, 1955. "Groundwater possibilities in Northeastern Illinois". Illinois State Geological Survey Circular 198; Urbana, Illinois.
- Bettiga, 1991. Telephone conversation with Ramona Reints, September 9, 1991.
- FEMA, 1991. Federal Emergency Management Agency, Flood Insurance Map Series effective July 16.
- Hughes, G.M., P. Kraatz and A. Landon, 1966. "Bedrock Aquifers of Northeastern Illinois" Illinois State Geological Survey Circular 406; Urbana, Illinois.
- IEPA, 1982. RCRA Inspection Report. Inspection conducted July 26, 1982 by Lynn Crivello.
- IEPA, 1987. Operating permit for air pollution control equipment. I.D. #03012AEV, September 24, 1987.
- IEPA, 1988. Letter from Clifford Gould, IEPA Northern Region Manager, to Malcolm Wilson, Textron, August 24, 1988.
- IEPA, 1989. Construction and Operating Permit. I.D. # 031012AEV, January 3, 1989.
- IEPA, 1990. Letter from Lawrence W. Estep, IEPA Manager, to Robert E. Keeler, Textron, August 1, 1990.
- National Weather Bureau at O'Hare Airport, 1991.
- USDA, 1979. Soil Survey of Dupage and Cook Counties.
- Village of Bedford Park, 1991. Telephone conversation with Ramona Reints, August 23.
- The Weather Almanac, edited by James A. Ruffner, Frank E. Bar, 1977 Second Edition, Gale Research Company, Detroit, MI 48226.
- Willman, H.B., 1971. "Summary of the Geology of the Chicago Area". Illinois State Geological Survey Circular 460; Urbana, Illinois.

ATTACHMENT A
VISUAL SITE INSPECTION SUMMARY AND PHOTOGRAPHS

VISUAL SITE INSPECTION SUMMARY

Litho-Graphic Metal Corp.
Bedford Park, Illinois
ILD 042 843 854

Date: August 7, 1991

Facility Representatives: Carol Bettiga, Owner, Litho-Graphic Metal Corp.
Peggy Bettiga, Secretary, Litho-Graphic Metal Corp.
William Bettiga, Owner, Litho-Graphic Metal Corp.
Dan Tendy, Employer, Litho-Graphic Metal Corp.

Inspection Team: Ramona Reints, B&V Waste Science and Technology Corp.
Anil Saxena, B&V Waste Science and Technology Corp.

Photographer: Ramona Reints

Weather Conditions: Overcast, intermittent sprinkling, temperature 75°F.

Summary of Activities: The visual site inspection (VSI) began at 9:30 AM with a conference between the VSI team and the previously mentioned facility representatives. Several topics were discussed at length including VSI team affiliation, VSI purpose, facility operations, facility waste streams and solid waste management units. Most of the information was exchanged on a question-and-answer basis. Carol and Peggy Bettiga provided copies of documents requested by the inspection team.

Carol Bettiga then conducted a tour of waste generating processes. Tendy and Peggy Bettiga also accompanied the VSI team. Photographs were taken without a flash after facility representatives requested a flash not be used at the paint room. As a result, this set of photos was underexposed. After this cursory tour, the inspection team requested a tour of the facility. This request was granted. After a complete tour, the inspection team conducted another conference with facility representatives. The VSI concluded at 1:30 PM.

On August 28, 1991, Reints returned to Litho-Graphic. Photographs were taken with a camera and film that eliminated the necessity of a flash. The resulting photos are satisfactory.



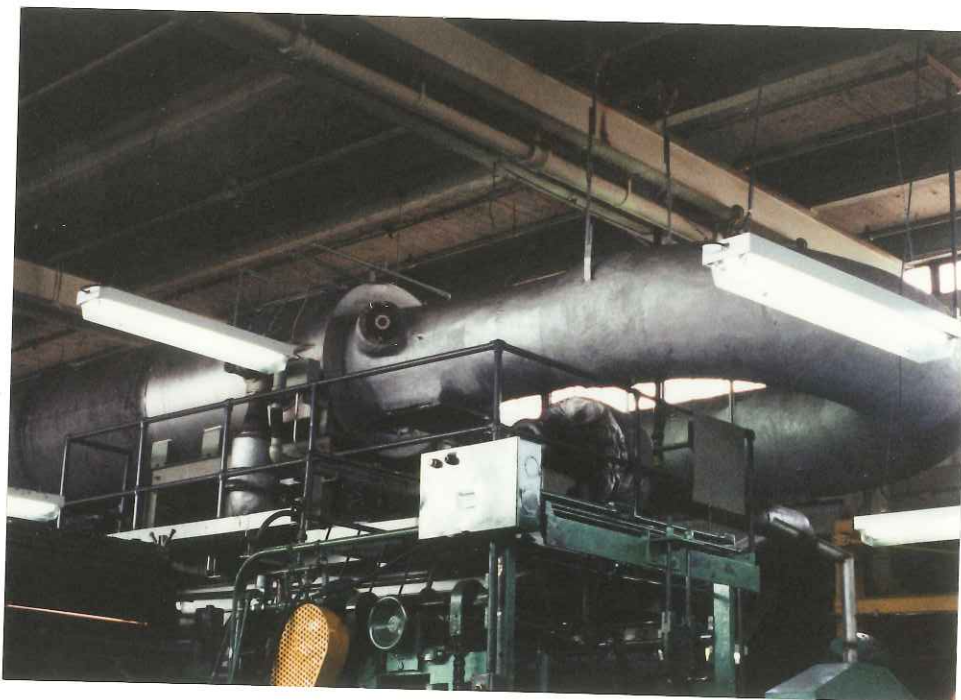
Photograph No. 1

Orientation: South

Description: Drummed hazardous waste (spent solvent) storage area located in northeast corner of the paint room.

Location: SWMU 1

Date: 08/28/91



Photograph No. 2

Orientation: Southeast

Description: Incinerator/afterburner located above litho-line.

Location: SWMU 2

Date: 08/28/91



Photograph No. 3
 Orientation: North
 Description: Prior waste storage tank location.

Location: SWMU 3
 Date: 08/28/91



Photograph No. 4
 Orientation: East
 Description: Scrap metal sheets stored on pallets.

Location: SWMU 4
 Date: 08/28/91



Photograph No. 5
 Orientation: Southeast
 Description: Scrap metal stored in hoppers.

Location: SWMU 4
 Date: 08/28/91



Photograph No. 6
 Orientation: Northwest
 Description: Spent solvent collection drum. Note floor dry present on the floor and in the bucket.

Location: SWMU 5
 Date: 08/28/91

ATTACHMENT B

VISUAL SITE INSPECTION FIELD NOTES

Projects (continued)

8/07/91

7:30am

Graphic

Dump Fendy
(Office Project)

Med with

Changsa in June 1986,

open at well movement,

mercury

gal.

using vacant plot to

place graphic.

Well (water) located in Niskase

about

Residential area

2 blocks north

Neighboring

Niskase
Taserkin

Size of area is 3.5 acres

①

1 drum = 55 gal = KL

- 6 months to remove waste storage from date of drum's first use.

~~Use of~~ As

- Send waste to McFarr in Wisconsin

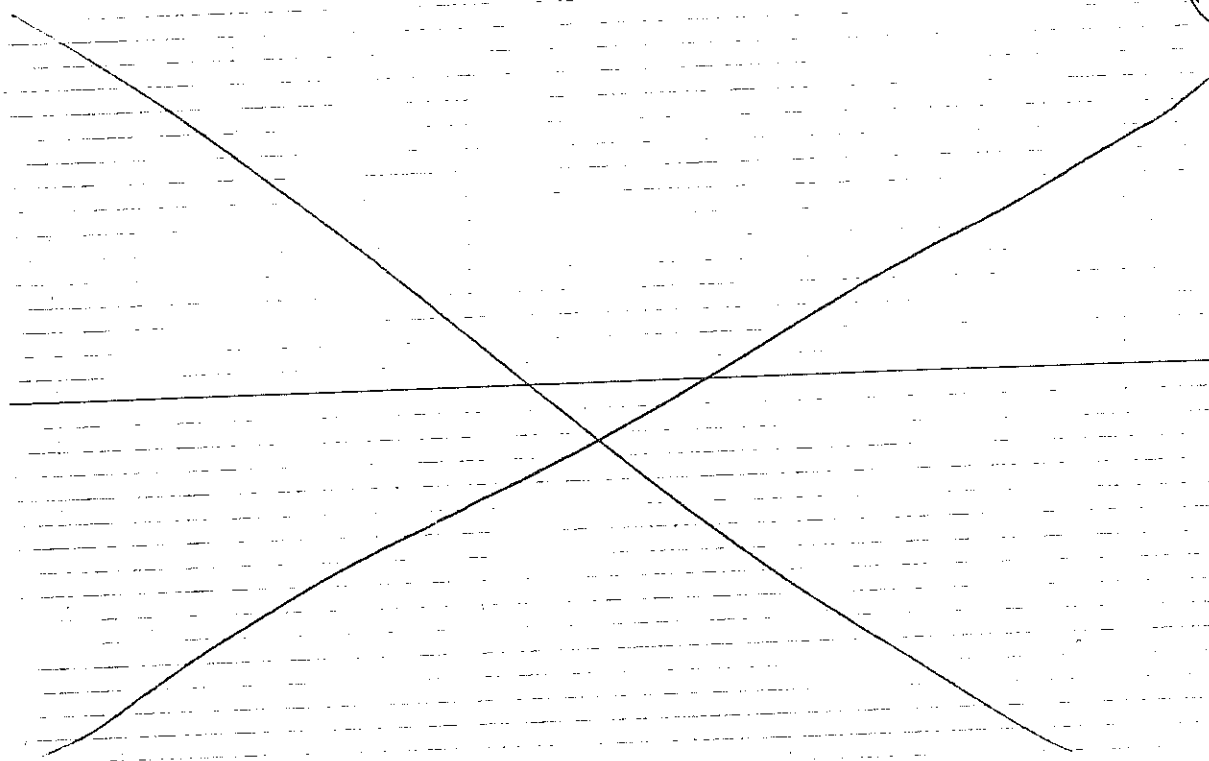
- McFarr Environmental Services has office in IL they pick up and dispose

Roll #	Picture #	Date
	Description:	
1	1	2/6/79
	Paint storage	
2	2	
	Solvents	
3	3	
	Solvents	
4	4	
	Solvents	
5	5	
	Haz. Waste	
6	6	
	Haz. Waste	
7	7	
	Sand	
8	8	
	Drop to contain spill.	

6-8 in below ground.

Roll	Pict.	Date	Descrip.	Roll	Pict.	Date	Descrip.
1	9		Solvents	1	18		Drop pan as
1	10		Separable				ginseng petals
1	11		Room for				(leaves & high oil)
			solvents to				(leaves)
			keep from	1	19		High gain (?)
			explosion				for view
1	12		LET				Front of
1	13		LET				Bohlgum.
			LET				Agto-bone
1	14		Solvent Use				ASlec board
1	15		Press with hammer				Underground
			probe is ok				storage facility
			drop pan where				removal side
			run-off wst				greasing 105 coils
			gear. side of				for machine parts.
1	16 (same)						
1	17		Front of				
			drop pan				

7



- Excessive oil over
of floor - Not just dust
but film. As if sp. blage
was recently cleaned.

6

ON AUGUST 7, 1991 A VSI WAS CONDUCTED AT LITHO-GRAPHIC METAL. THE VSI PRIMARY INVESTIGATOR WAS RAMONA REINTS, AND SECONDARY ANIL SAXENA. THE FOLLOWING ENTRY IS A TRANSCRIPTION OF REINTS FIELD NOTES.

PRESENT AT THE CONFERENCE BEFORE THE WALKTHROUGH WERE: BILL AND CAROL BETTIGA, (OWNERS) ~~FEAR~~ DAN TENDY (STAFF) AND PEGGY BETTIGA (SECRETARY)

REINTS BEGAN BY ASKING WHAT WAS MADE AT THE FACILITY. CAROL POINTED OUT VARIOUS ITEMS IN THE CONFERENCE ROOM. THESE INCLUDED VARIOUS 'COOKIE TINS', SIGNS, WITH FREESTANDING METAL ASHTRAYS WITH CIGARETTE LOGOS PRINTED ON THEM, AND VARIOUS OTHER PAINTED/PRINTED SMALL METAL ITEMS.

REINTS WAS THEN ASKED TO EXPLAIN THE PURPOSE OF THE ~~RE~~ VISIT, AND DID SO. REINTS PROCEEDED WITH A LIST OF QUESTIONS: HOW LONG HAS THE FACILITY OPERATED HERE? 1986

NOTE: ~~WAS~~ QUESTIONS WERE ANSWERED BY THE BETTIGAS + TENDY HAS YOUR FACILITY OPERATION CHANGED SINCE THEN?

YES, IT HAS EXPANDED WHAT IS THE PREVIOUS FACILITY USE? TEXTRON, INC. PREVIOUS LAND USE?

LAND WAS PROBABLY DEVELOPED IN THE 1930'S AS INDUSTRIAL

NEAREST PUBLIC WELL? (NOT SURE) ~~CHAPPE~~

BEDFORD PARK USES MUNICIPAL WATER FROM LAKE MICHIGAN. A PRIVATE WELL IS LOCATED ON NEIGHBORING KISKASE PROPERTY. 9

AND IS THOUGHT TO BE USED FOR
COOLING MACHINERY
(REINTS IS NOT SURE EXACTLY WHERE
THE WELL IS, IT MAY OR MAY NOT BE
DOWN GRADIENT)

NEAREST POPULATION? SCHOOLS? —
2 BLOCKS NORTH IS

A RESIDENTIAL AREA
BORDERING FACILITIES?

N - VIKASE

S - RAIL ROAD / MOR PAK, INC

E - OAK PARK AVENUE + VIKASE

W - ~~VIKASE~~ OR VACANT

SIZE IN ACRES?

NOT SURE, AROUND 3 1/2 ACRES
(REINTS WAS SHOWN A PLOT OF SURVEY
AND LATER CALCULATED THE AREA TO
BE INDEED VERY CLOSE TO 3.5 ACRES)
RCRA STATUS?

NOT SURE
ANY CORRECTIVE ACTIONS?

NO
DESCRIBE ALL WASTE GENERATING
PROCESSES:

(10)

(REINTS WAS GIVEN A HANDWRITTEN
SUMMARY OF ^{PREVIOUSLY REQUESTED} FLOW OF
SOLVENTS COMING IN TO THE BLG,
WHERE STORED, HOW WASTE IS GEN-
ERATED, MANAGED AND KEPT UNTIL
IT IS TAKEN OFFSITE
AMOUNT GENERATED?

12 DRUMS / 6 MONTHS
TYPE GENERATED?

#82 THINNER
CONSOLVE ISO, ISOPROPYL
ALCOHOL (LATER REINTS DISCOVER-
ED THE ISOPROPYL WAS NOT A WASTE
BUT AN ADDITIVE TO THE COATING/
VARNISHING PROCESS) MINERAL
SPIRITS, METHYL ETHYL KETONE.
(REINTS WAS SHOWN RECEIPTS FOR
THESE PRODUCTS)

SOLVENTS ARE
ADDED TO THE COATING / VARNISHING
MACHINE TO WASH IT BETWEEN
COATINGS

ANY AIR / NPDES PERMITS?
AIR PERMIT FOR
OVEN / AFTER BURNER (REINTS

(11)

WAS SHOWN IEPA LETTER CONFIRMING
AN OPERATING PERMIT WAS ISSUED AND
IS VALID UNTIL 1992

DO YOU HAVE ANY MAPS OF THE INTER-
IOR OF THE FACILITY
REINTS WAS GIVEN A 'RED LINE'
MAP DRAWN FOR THE FIRE DEPT.
PAST RELEASES?

NONE

SITE SECURITY?

WELLS FARGO ALARM SYSTEM

ACCESS ROADS?

OAK PARK AVE

EMPLOYEES?

CURRENTLY 28

DO YOU PROPOSE ANY NEW PROCESSING
UNITS OR WASTE MANAGEMENT UNITS?

NO

DATES OF SWMU OPERATIONS

1986 - NOW

THE ACTUAL WALK-THROUGH WAS
CONDUCTED NEXT. CAROL BETTGA GUIDED
REINTS/SAXENA FROM THE LOADING
DOCK TO THE PAINT ROOM TO THE
LITHO-LINE TO ILLUSTRATE THE

(12)

FLOW OF A SOLVENT FROM WHEN IT
ARRIVES AS A PRODUCT TO WHEN IT
LEAVES AS A WASTE. ACCOMPANYING
REINTS/SAXENA/BETTGA WERE TENNY
AND THE SECRETARY. SAXENA TOOK
NUMEROUS PHOTOS OF SMU'S AND
PROCESSING AREAS AFTER THIS INITIAL
RUN-THROUGH. REINTS/SAXENA
FELT THEY DID NOT OBTAIN ENOUGH
INFORMATION. BETTGA THEN
GUIDED US THROUGH THE ENTIRE
FACILITY EXPLAINING WHAT PROCESS
GOES ON AT EACH STEP, HOW RAW
SHEETS OF STEEL ARE COATED, CUT,
FORMED, ETC INTO THE FINISHED
PRODUCT.

A ANOTHER CONFERENCE WAS THEN HELD
TO GIVE REINTS AN OPPORTUNITY TO ASK
MORE QUESTIONS. REINTS GAVE
BETTGA EPA CONTACT NAMES AND PHONE
NUMBERS AND EXPLAINED HOW A COPY
OF THE FINAL REPORT COULD BE OBTAINED
THROUGH THEM

(13)

8-28-91 MEINIS RETURNS TO
LITHO GRAPHIC TO TAKE ANOTHER
ROLL OF PHOTOS THE FIRST
ROLL OF PHOTOS HAD ONLY ONE
PICTURE TURN OUT

PHOTO # 1: ~~INCINERATOR~~

ORIENTATION: SOUTHEAST

SWIMU 2

DESCRIPTION: INCINERATOR ABOVE LITHO LINE

PHOTO # 2

ORIENTATION: ~~SOUTHWEST~~ NORTHWEST

DESCRIPTION: SPENT SOLVENT COLLECTION

DRUM: NOTE ~~THE~~ ^{FLOOR} DRY IN BUCKET AND ON FLOOR

PHOTO # 3

ORIENTATION: NORTHWEST

DESCRIPTION: SPENT SOLVENT COLLECTION

DRUM AT LITHO-LINE

PHOTO # 4

ORIENTATION: NORTHWEST

DESCRIPTION: DRIP PAN BENEATH

COATING/VARNISH STATION

(14)

(15)

PHOTO #5

ORIENTATION:

DESCRIPTION:

NORTH

COATING/VARNISH STATION

PHOTO #6

ORIENTATION:

DESCRIPTION:

FOR SOLVENT

SOUTH

LEL METER READOUT

PHOTO #7

ORIENTATION:

DESCRIPTION:

SOUTH

PAINT ROOM

PHOTO #8

ORIENTATION:

DESCRIPTION:

STORED IN THE PAINT ROOM. NOTE CONSTITUENTS OF THE COATING.

EAST

DRUM OF PRODUCT (COATING)

PHOTO #9

ORIENTATION:

DESCRIPTION:

WASTE (SPENT SOLVENT) STORAGE AREA LOCATED IN NORTHEAST CORNER OF THE PAINT ROOM

SWMU 1

SOUTH

DRUMMED HAZARDOUS

PHOTO #10

ORIENTATION:

DESCRIPTION:

DOORWAY TO THE OUTSIDE LOCATED NEXT TO SWMU 1. NOTE THE FLOOR OF THE PAINT ROOM IS RECESSED.

SOUTHWEST

DOORWAY TO THE OUTSIDE

PHOTO #11

ORIENTATION:

DESCRIPTION:

DRUMMED HAZARDOUS WASTE (SPENT SOLVENT) STORAGE AREA LOCATED IN NORTHEAST CORNER OF THE PAINT ROOM

SWMU 1

SOUTH

DRUMMED HAZARDOUS WASTE

(SPENT SOLVENT) STORAGE AREA LOCATED IN

NORTHEAST CORNER OF THE PAINT ROOM

PHOTO #12

ORIENTATION:

DESCRIPTION:

OPEN PRODUCT (SOLVENT) STORAGE ROOM

SOUTH

OPEN PRODUCT (SOLVENT)

STORAGE ROOM

PHOTO #13

ORIENTATION:

DESCRIPTION:

WEST
OPEN PRODUCT ROOM
LEL SENSOR (INSIDE CAGE) LOCATED WITHIN THE OPEN PRODUCT STORAGE ROOM

WEST

OPEN PRODUCT ROOM

LEL SENSOR (INSIDE CAGE) LOCATED

WITHIN THE OPEN PRODUCT STORAGE ROOM

PHOTO #14

ORIENTATION:

DESCRIPTION:

LOCATED WITHIN OPEN ^{SOUTH SOLVENT}
~~PRODUCED~~ DRUMS
STORAGE ROOM

PHOTO #15

ORIENTATION:

DESCRIPTION:

TANK LOCATION
SWMU 3
NORTHWEST
PRIOR WASTE STORAGE

PHOTO #16

ORIENTATION:

DESCRIPTION:

TANK LOCATION
SWMU 3
NORTH
PRIOR WASTE STORAGE

PHOTO #17

ORIENTATION:

DESCRIPTION:

ON PALLETS
EAST
SCRAP METAL STORED

PHOTO #18

ORIENTATION:

DESCRIPTION:

ON PALLETS
SOUTHEAST
SCRAP METAL STORED

(19)

PHOTO #19

ORIENTATION:

DESCRIPTION:

IN HOPPERS
SOUTHEAST
SCRAP METAL COLLECTED

PHOTO #20

ORIENTATION:

DESCRIPTION:

IN HOPPERS
SOUTHEAST
SCRAP METAL COLLECTED

PHOTO #21

ORIENTATION:

DESCRIPTION:

INCINERATOR
SWMU 2
NORTHEAST

PHOTO #22

ORIENTATION:

DESCRIPTION:

HEADOUT BOX OF INCINERATOR
NOTE: CERTIFICATE OF OPERATION FROM
COOK COUNTY DEPT. OF ENVIRON/MENTAL CONTRL

PHOTO #23

ORIENTATION:

DESCRIPTION:

FACILITY
EAST
FRONT ENTRANCE OF

(19)

PAINT ROOM DIMENSIONS MEASURED
AT 37' X 30'

SOLVENT ROOM IS ABOUT 10' X 10'
EXCAVATED AREA OF PRIOR WASTE
TANK LOCATION IS ABOUT 25 X 25

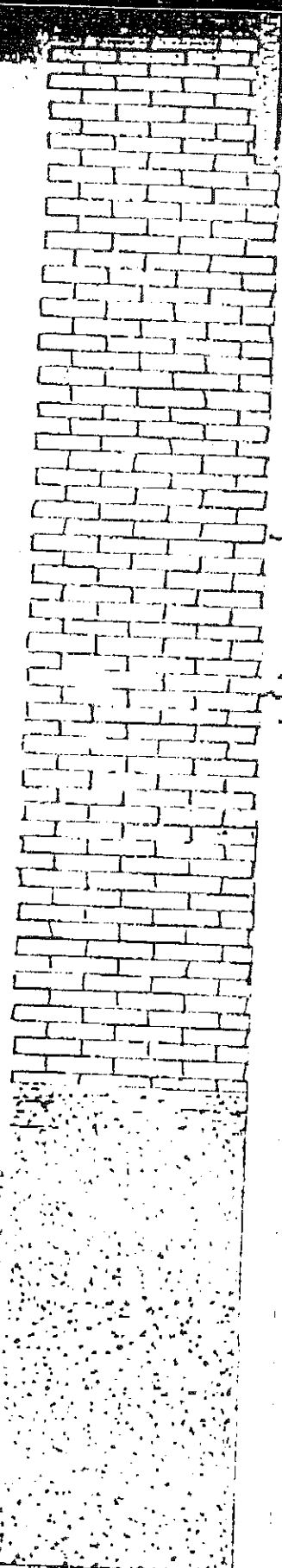
CONSTITUENTS LISTED ON COATING DRUM
(SEE PHOTO # 8) ARE
XYLENE, PHENOLIC RESIN, METHYL
ISOBUTYL KETONE, N-BUTYL ALCOHOL,
ETHYL BENZENE, ETHYLENE GLYCOL
MONOPROPYL ETHER

WILLIAM BETTIGA INDICATED 2 KEYS
FROM METROPOLITAN RECLAMATION DISTRICT OF
GREATER CHICAGO VISITED THIS MORNING
TO ASSESS LITHOGRAPHICS DISCHARGE
POTENTIAL TO DISCHARGE TO STORM SEWERS
BETTIGA SAID THEY INDICATED NO DISCHARGE
WAS SUSPECTED

ATTACHMENT C
WELL LOGS FROM VISKASE, INC.

123

GALENA PLATTSVILLE
LIMESTONE
ST. PETERS
SANDSTONE



589'
8474-12-14
562'
150'
600'
190' SL.
5 AM - 12-24
REPAIRING MACHINE
W.C.
684'
12-30-42
300'
~~W.C.~~
~~684'~~
12-31-42

800'
JAN 4
860 - JAN 6 - 8 PM
900'
JAN 8 - 10 PM
1000'
JAN 11 - 4 PM

#3

JUNE 29TH HALLIBURTON
CALIPER - TEMP. LOG WELL

LET MS

12N - 3-15

PRAIRIE DUCHEIN

3 ft. 15 2 ft.

LIMESTONE

FRANCONIA

SALESVILLE

SANDSTONE

SALESVILLE SANDSTONE

5AM-1-19

1100

1143.7
1144.7
1145.7

APR 1-27-42

1200

1205

12 MIDNIGHT 1-30-43

REDUCED HOLE 1281
NEW LINER
HOLE CAVED IN ON BRIDGE. FISHED IT OUT.

SET LINER WITHN DRILLED TO THIS DEPTH
DRILLING AFTER SETTING LINER. NOON

1400

No. 3 SIGHT BOTTOM 1432 TOP 1434 607' 100'

FLAT HOLE DEVELOPED AT 1440. FILLED UP 20'

1470

1500

No. 4 BOTTOM 1510 TOP 1487 2755' 100'

No. 2 BOTTOM 1540 TOP 1522 608' 100'

No. 1. BOTTOM 1560 TOP 1540 2255' 100'

S.L.

10016

470

1575
1581

RECEIVED
JUN 23 1964
JUN 24

No. 4 Bottom 1510 Twp 15N - 1807, GCL

No. 2 Bottom 1540 Twp 15N - 1807, GCL

No. 1 Bottom 1560 Twp 15N - 1807, GCL

2.4.

1640 Bottom 3-9-82
1645 FINISHED DRILLING 2-25-83

No. 1 SHOT COLLAPSED 12" LINER AT 120' - PULLED LINER - ~~RE-SET~~
No. 2 SHOT BRIDGED HOLE - LITTLE SAND.
No. 3 " " " "
No. 4 " " " SOME SAND AFTER SURGING WITH SCUM - ~~RE-SET~~

LINE# INSTALLED 5/7/43 BOTTOM 1282' to 1192'-5" (RET)
DRAVE LINE# ^{TOP} 1067' to 1192'-5"

#3

07/28/11

14:26

ILLINOIS GEOLOGICAL SURVEY, URBANA

Sec. 27 T. 14 N. R. 10 E. S. 34
 Date drilled 8-2-11
 Type of drill 1 1/2" A
 Sample set No. 1
 Studied by

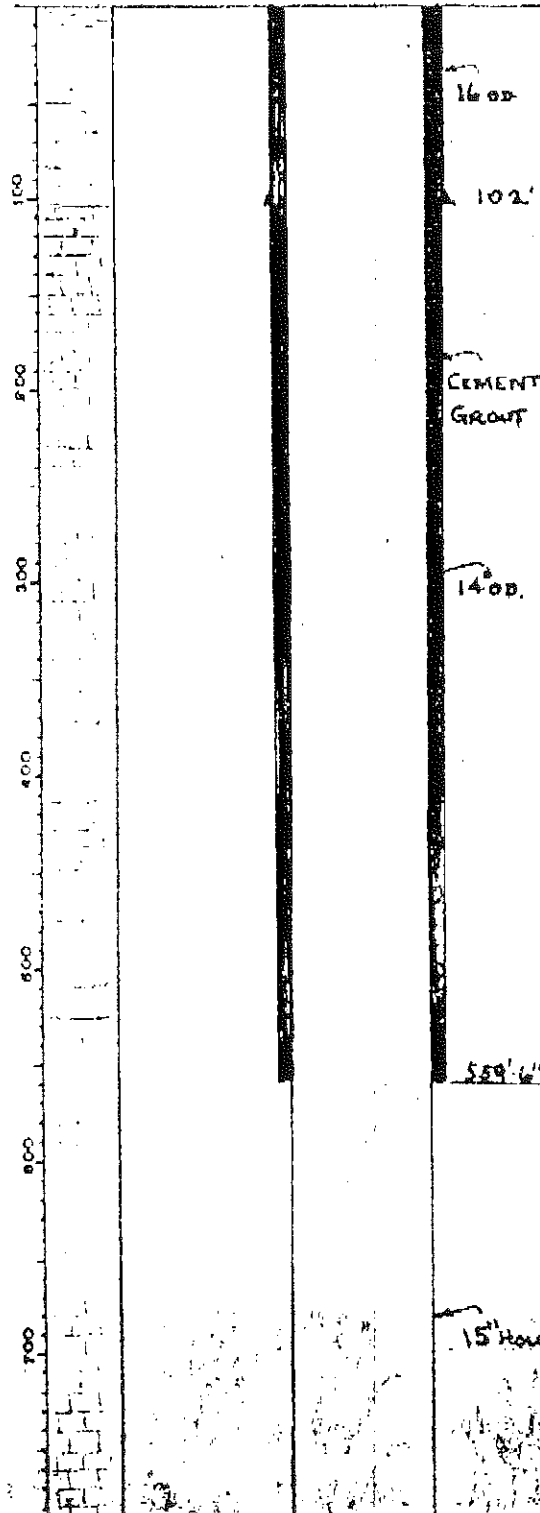
#2
 SEWELL
 VIKING

Box's for strip
 Correlated by
 Pool
 Remarks

Company

No. 1
 Farm No. 1
 Elev. 1100
 County No. 1
 Confidential until
 By Method

#2



Handwritten mark: a large '2' with a cross through it.

400
500
600
700
800
900
1000
1100
1200
1300
1400
1500



15" Hole

SHOE

1000

1005

13" Hole

10" LINES

1120

12" HOLE

1170

SHOE

10" Hole

1582



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

RECEIVED APR 08 1991
WMD RCRA
RECORD CENTER *Cmp*

July 24, 1991

REPLY TO ATTENTION OF:
5HR-12

Mr. William Bettiga
Litho-Graphic Metal Corp.
6600 South Oak Park Ave.
Bedford Park, IL 60638

Re: Visual Site Inspection
Litho-Graphic Metal Corp.
ILD 042843854

Dear Mr. Bettiga:

The United States Environmental Protection Agency (U.S. EPA) Region V will conduct a Preliminary Assessment and Visual Site Inspection (PA/VSI) at the referenced facility. This inspection is conducted pursuant to the Resource Conservation and Recovery Act, as amended (RCRA) and the Comprehensive Environmental Response, Compensation, and Liability Act, as amended (CERCLA). The PA/VSI requires identification and systematic review of all solid waste streams at the facility. The objective of the PA/VSI is to determine whether or not releases of hazardous wastes or hazardous constituents have occurred or are occurring at the facility which may require further investigation. This analysis will also provide information to establish priorities for addressing any confirmed releases.

The visual site inspection of your facility is to verify the location of all solid waste management units (SWMUs) and areas of concern, and to make a cursory determination of their condition by visual observation. The VSI supplements and updates data gathered during a preliminary file review. During this site inspection, no samples will be taken. A sampling visit to ascertain if releases of hazardous waste or constituents have occurred may be required at a later date.

Assistance of some of your personnel may be required in reviewing solid waste flow(s) or previous disposal practices. The site inspection is to provide a technical understanding of the present and past waste flows and handling, treatment, storage, and disposal practices. Photographs of the facility are necessary to document the condition of the units at the facility and the waste management practices used.

The VSI will be conducted on August 7, 1991, beginning at 9:00 a.m. The inspection team will consist of Ramona Reints and Anil Saxena of B&V

Waste Science and Technology Corp., contractors for the U.S. EPA. Representatives of the Illinois Environmental Protection Agency (IEPA) may also be present. Your cooperation in admitting and assisting them while on site is appreciated.

The U.S. EPA recommends that personnel who are familiar with present and past manufacturing and waste management activities be available during the VSI. Access to any relevant maps, diagrams, hydrogeologic reports, environmental assessment reports, sampling data sheets, manifests and/or correspondence is also necessary, as such information is needed to complete the PA/VSI.

If you have any questions, please contact me at (312) 886-4448 or Sheri Bianchin at (312) 886-4446. A copy of the Preliminary Assessment/Visual Site Inspection Report, excluding the conclusions portion, may be made available upon request.

Sincerely yours,

Sheri L. Bianchin

for

Kevin M. Pierard, Chief
OH/MN Technical Enforcement Section

cc: Larry Eastep, IEPA - Springfield
John Maher, IEPA - Maywood

CERTIFICATION REGARDING POTENTIAL RELEASES FROM
SOLID WASTE MANAGEMENT UNITS

FACILITY NAME: TEXTRON INC. TOWNSEND DIV.
EPA I.D. NUMBER: ILDO 42843854
LOCATION CITY: BEN FORD PARK
STATE: ILL 60638

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION

	YES	NO
• Landfill	_____	<u>X</u>
• Surface Impoundment	_____	<u>X</u>
• Land Farm	_____	<u>X</u>
• Waste Pile	_____	<u>X</u>
• Incinerator	_____	<u>X</u>
• Storage Tank (Above Ground)	_____	<u>X</u>
• Storage Tank (Underground)	_____	<u>X</u>
• Container Storage Area	_____	<u>X</u>
• Injection Wells	_____	<u>X</u>
• Wastewater Treatment Units	_____	<u>X</u>
• Transfer Stations	_____	<u>X</u>
• Waste Recycling Operations	_____	<u>X</u>
• Waste Treatment, Detoxification	_____	_____
• Other _____	_____	_____

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions and location at facility. Provide a site plan if available.
- _____
- _____
- _____
- _____

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

4. In regard to the prior or continuing releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

D. M. BARNARD, GENERAL MANAGER

Typed Name and Title

DM Barnard
Signature

2/24/86
Date